3. TIME OF DEATH

8:05a

10d. INSIDE CITY LIMITS?

RACE — American Indian, Black, White, etc.

Specify: White

1 YES 2 | NO

B. BIRTHPLACE (State or Foreign

New Jersey

9c. COUNTY OF DEATH

TISA

Montgomery

10g. CITIZEN OF WHAT COUNTRY?

2. DATE OF DEATH

1997

FOR STATE

REGISTRAR

1. DECEDENT'S NAME (First Middle Lest)

Madeleine S.

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TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 PK

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296. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year) FEB 0 3 1997

STEVEN

tine

Jan. 26, 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER t YEAR IF UNDER 24 HRS. Nov. 11, 1900 110-12-2511 1 M 2 TF 96 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Pages 1, 2, 3 Hebrew Home of Greater Washington Rockville RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION MD Montgomery Rockville permit. FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 6121 Montrose Road 20852 use as the burial-transit 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-It yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TYES 2 TONO B∀ Specify: 3 XWidowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Executive Director Non-Profit Org. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Ferdinand Strauss 76 Juliet Mendel BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Austin Heyman/Son 6308 Poe Rd., Bethesda, MD 20817 9 20a. METHOD OF DISPOSITION
1 N Burial 2 □ Cremetion 3 □ Namoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of must 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIGHTER Beth El Cemetery examiner 22. NAME AND ADDRESS OF FACILITY Edward Sagel Funeral Direction filled in by the fi medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List pnly one cause on each line **IMMEDIATE CAUSE (Fine)** cremation. the PNEUMONITIS diseese or condition resulting in death) pletely 1 event, DUE TO (OR AS A CONSEQUENCE OF): 200 burial, traumatic CERTIFICATION and Sequentleily list conditions, 2 DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate signed by the attending physician Health and Mental Hygiene prior to 8 ORTIC INCOMPETENCE cause. Enter UNDERLYING death certificate CAUSE (Disease or injury other that initiated events resulting in death) LAST 6 PART ii. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. the MEDICAL DEMENT requires that any shows a Deen 6 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: Dept. WE certificate has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem State OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO HOSPITAL OR ATTENDING PHYSICIAN: 1 | Inpetient 2 | ER/Outpetient 3 | DOA the 27. MANNER OF DEATH 26s. DATE OF INJURY with t marked, 28b. TIME OF 28c, INJURY AT WORK? 1 Natural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death vitem 28 is mark BY 2 Accident 26a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Sulcide 6 Could not be determined COMPLETED 4 Homicide

0/2300

32. REDISTRAR'S SIGNATURE

MISTRAR'S GIGNATURE Randelle

6121 MONTROSE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LIPSON

Sliosberg

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20c. LOCATION - City or Town, State 1/28 Queens, NY 1091 Rockville Pike Rockville MD 20852 Approximate Interval Between Onset and Death 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? PERFORMED? 1 - YES 2 NO 1 - YES 2 - NO 28d. DESCRIBE HOW INJURY OCCURED 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29s. CERTIFIER (Check only (Check only PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as attend. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 05885 ROCKVILLE, MP

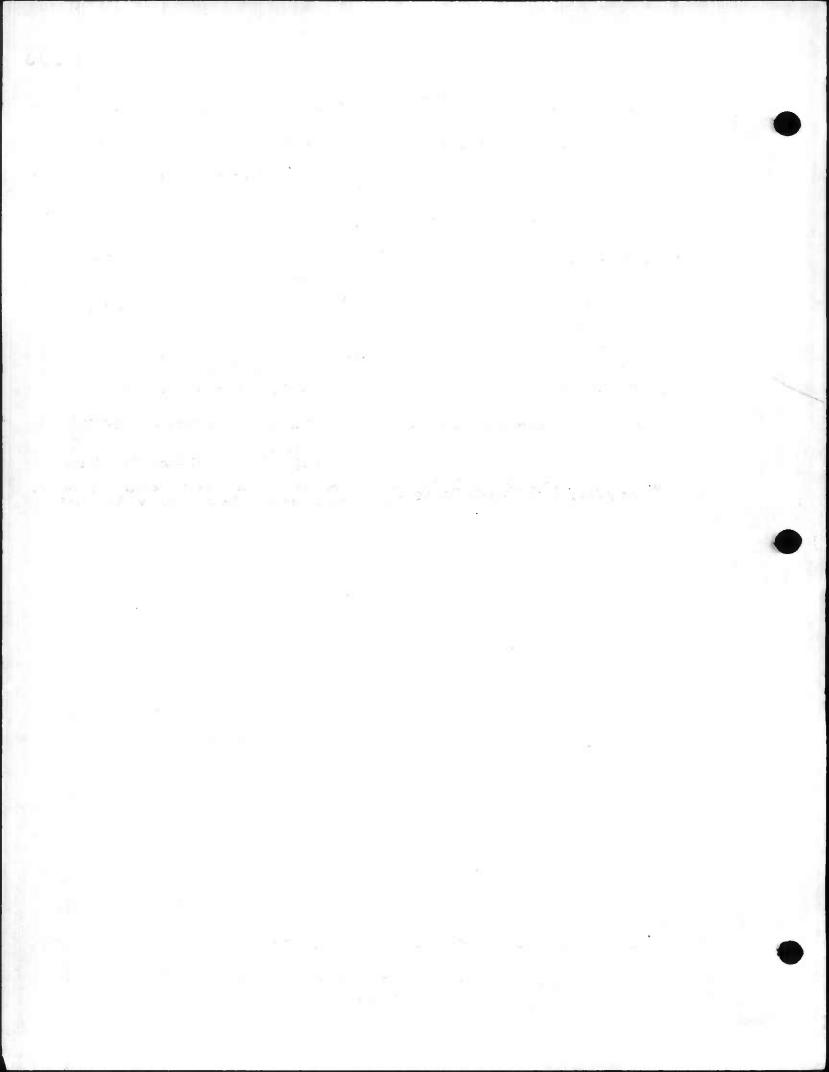
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 05002

cian lical	Decedant's Nama (First, Middle NOAH	.,					2. Data of D	aath	3	
	INDAH					COTOTOTO TOTO	Month	Day	Yaar	Tima of Death
	4a. Facility Nama (If not institution	give street and num	harl			TEWART	JANUA			:54P.M.
iner	SHADY GROVE AD					ROCKV	or Location of Dea		y of Death OMERY CO	עידייאז זר
1	5. Social Sacurity Number	6. Sax 7		i. last birthday)		Yaar if Undar 24 I	irs. 8. Data of E		9. Birthplaca	JUNII (Stata or Foraign
r.	N/A Usuai Rasidance of Dacedant	10XM 2□ F		Yrs.		Days Hours N 29	lin. (Month, I	5/96	MARYLAN	ND
	10a. Stata 10b. County		10c. C	ity, Town or Lo	ocation				10d. lr	nsida City Limits
Director	MARYLAND MONTO	OMERY	G	AITHER	SBURG				t	☐ Yas 2☐ No
Pie	10e. Street and Number				10f. Zip C			10g. Citizan of	What Country?	
	17014 KING JAME	S WAY			20	877		U.S.A	Α.	
by Funeral	11. Marital Status 1 ☑ Navar Marriad 2 ☐ Marri 3 ☐ Widowad 4 ☐ Divorcad	12. Was Deced Armed Ford 1 ☐ Yas 2 If Yas, Giva Yaar or Dal	eas? 2.[2KNo		Was Decedar if Yas, specify 1 ☐ Yas 2	nt of Hispanic Origin? Cuban, Maxican, Pu &No Specify:	(Specify Yas or Nearto Rican, atc.)	lo- 14. Ra Bla Specii	ce - Amarican In ick, Whita, atc. fy: WHITE	dian,
B	15. Dacadant (Specify only highas	s Education		16a. Daca	dant's Usual (Occupation		16b. Kind of B	Businass/Industry	1
Completed	Eiamantary/Secondary (0-12)	Collage (1-	4or 5+)	lifa.	DO NOT usa	dona during most of a ratired)	working			
00	N/A			NEV	ER WOR	KED		N/A		
Be	17. Fathar's Nama (First, Middla, I	.ast)				18. Mothar's I	Name (First, Middle	a, Maidan Sumai	ma)	
10	THOMAS KELLY	STEWART		*		SONI				
	19a. Informant's Name/Ralationsh	lp (Type, Pnint)		19b. Mailie	ng Addrass (S	Street and Number or	Rural Routa Num	ber, City or Town	, Stata, Zip Code	9)
	THOMAS KELLY S	TEWART (FATHER	,		JAMES WAY	GAITHER	RSBURG, 1	MARYLANI	20877
	20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation	3 □Ramoval from S		Pleca of Dispo cematary, crar	osition (Nama matory or othe	of ar place)	Date	20c. Location	- City or Town, S	Stata
11	4 ☐ Donation 5 ☐ Othar (Sp			UDEAN I	MEMORI.	AL GARDENS	1/26/97	OLNEY,	MARYLAN	ND
	21. Signature of Funeral Service L	igérisee	nn	22	2. Nama and	Addrass of Facility				
	Mark 1	. //100	all.	1	170 RO	KY-GOLDBEF CKVILLE PI	KE ROCKV	ILLE, M	ARYLAND	20852
ner	Immediata Ceuse (Final disaasa or condition rasulting in daath)	SUDDE		T DEATH		E [SIDS]			Ons	et end Death
Examiner	Sequentially list conditions, if any, leading to immadiata causa. Entar Underlying Causa (Disease or Injury that billed earth.									
Medical	Causa (Disease or Injury that initieted avants rasulting In deeth) Last									
	`	d								
Physician	Part II. Other significant condition	s contributing to dea	th but not ras	sulting in the u	ndarlylng cau	sa givan in Part I.	23b. Die	i tobacco uee co	entribute to the	cause of death?
by Phy							10	Yee 2 No	3 Probably	4 Unknown
Completed t								s an autopsy formed?	available	itopsy findings a prior to ion of causa
E								/	of death	?
							108	Yas 2□No	1 🗆 Yas	2/3/10
00	25. Was casa rafarrad to medical examinar?	Hospital: 👊	CMILE.				eeth (Chack only	ona)		
2	1 ☑ Yas 2 ☐ No 27. Menner of Death	14© Inp		ER/Outpatien			Homa 5□Ras			
Certification:	1XXNetural 5 Seconding 2 ☐ Accident invastige	ition	Day Year)	28b. Tima of Injury	M 28c	Injury at Work? 1 Yas 2 No	28d. Dascribe	how injury occur	rred	
	3 ☐ Suicida 6 ☐ Could no 4 ☐ Homicida datamir	ed 28a. Place of	Injury - At h , etc. <i>(Speci</i> l	oma, farm, str fy)	eat, factory, o	ffice		(Streat and Numb own, Stata)	ber or Rural Rou	ta Number,
edicai	29a. Cartifiar 1☐ Certifying (Check only one) 1☐ Certifying	Physician: To the becaminer: On the basis	s of axamine	owledga, daath ation and/or Inv	occurred at t restigetion, in	ha tima, data and pia my opinion, daath oo	ce, and due to the curred at the time	cause(s) end ma , data and place,	annar es stated. and dua to tha c	causa(s)
900	29b. Signatura and title of certifier	01/1			29c. L	icansa number		29d. Data signe	d (Month, Day,	Year)
1 1		41.41				O.C.M.E.		עצבו עו ווע ע ב	25 1007	
	· ·									
	30. Nama and address of person w	ho complated causa	of daath (Itar	n 23a) (Type I	Print)	O.C.M.E.		JANOANI	25,1997	

Store and the 48 19 65

State of Maryland / Department of Health and Mental Hygiene

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п	Dhuaia	lan	Decedent's Name (First, Midd	-)							2. Dete of Do		Dey	Vaaa	3. Tir	me of Death
J	Physic /Medi		MARJOR	15		FLI	ZABEHI-	SI	JIE	EB		Jana			Yeer 1997	2	103
)	Exami		4e. Fecility Name (If not institution	n, give	street end nu	ımber)				4b. City, Tox	wn, or Lo	cation of Deel		4c. County			
1			Shady Grove Ad	luan	tiet H	locnita	1			Do o1		1.		Man			
Н	Funeral		5. Sociei Security Number	6. Se:			⊥ s. last birthday) If Un	der 1 Year	If Under	cvil. 24 Hrs.	8. Date of Bi	rth	Mon	tgome	ery	tate or Foreign
ш	Director		448-40-0250		M 2∏ F	79	Yrs.	Mont	ha Days	Hours	Min.	(Month, D	ey, Ye		Cour	ntry)	tate or Foreign
		П	Usuel Residence of Dacadent			19			-			August	9,	191/	OKI	laho	ma
	Men Men		10e. Stete 10b. County	1		10c. C	City, Town or L	ocation							1	l0d. insi	de City Limits
	Many 4 sh	ō	Maryland Mont	· Or O.m.	0.2411		0-141	1									Yes 2 No
	the 28s	Directo	Maryland Mont	.gom	ery		Gaith		Zip Code		-		10-	Oldinan - F	Afr - 1 O	0	21
	H & B							101.					Tug.	Citizen or	Whet Cour	itry?	
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	er de	Funerai	11. Maritei Status		Armed F		U,S. 13.	Was De	cedent of pecify Cut	Hispenic Origonal, Mexican	oln? (Spe , Puerto	ecify Yes or No Rican, etc.)	0-		ck, White,		∍n,
20	72 hours effer deeth with the Maryland nature!', or items 23a or 28a-f show piral Exams or insit be notified at	F	1 Naver Merried 2 Mar		1 ☐ Yes if Yes, Gi	2 🕅 No		1 ☐ Yes	2 🗓 No	Specify:				Specif			
21215-0020	"natural",	d by	3 X Widowed 4 □ Divorced	\$	Year or E	Detes:			71					Specii		ite	
2		Completed	15. Deceder (Specify only highe	nt's Edu	cation e compieted)		18e. Dece	edant's U	suei Occu	petion during most	of work	na	16b.	Kind of B	usiness/Ind	dustry	
2	filed within Hygiene. ther than "	d	Elementary/Secondery (0-12)		College (life.	DO NO	Tuse retire	ed)	0	9					
7		00	12				Hor	nema!	ker					Own	Home		
9	0 = 0 5	Be	17. Fathar's Neme (First, Middle,	Last)						18. Mothe	r's Neme	(First, Middle	, Maid	en Sumen	ne)		
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Maryland	S DEE	-	19a. informent's Neme/Reletions	ship (Ty	pe, Print)		19b. Meil	ina Addr	ess (Stree			I Route Numb				Code)	
Ž	d d d					11											
a,	of Health item 27 I		Catherine S. B	uen	anan /		Pleca of Disp	osition (Verna of		ner	Dete ,			City or To	0878	
Baltimore,	5000		1 ☑ Buriel 2 ☐ Cremetion		emovei from		cemetery, cre	emetory	or other ple	Febru	arv '	5, 1997	200.	Location	Ony of 10	wii, oto	
	tmei tunt		4 Donetion 5 Other (S	-			surrec	tion	Ceme	etery		, 1001	0kl	ahoma	City,	Okl	ahoma
ž	permit. Pege Department Important: If any injury or once.		21. Signeture of Funeral Service	License	- ////	M00				ess of Fecility		1 17.	/D /	.1 1	CII.	~	
_	205 20		Darbara yo	rrje i	Julie	pauro	unce ?	557 W	Hecone	mpnrey	runei	cal Home Bethesda	/ Bei	cnesda	- Unevy	/ Una	se, Inc
			23a. Pert1. Enter the disease, or shock, or heert failure. List	compli	cations thet	aused the dec	eth. Do not en	nter the n	node of dyi	ing, such es	cardiec o	r respiretory e	errest.	aryıaı	u 200	Approx	
	Physician		snock, or neer failure. List	only on	e ceuse on a	ach line.										Interva	l Between end Deeth
)	/Medical		immedieta Causa (Finel			And			0 - 1			fare			1	2.	14
	Examiner		disease or condition resulting in deeth)	е	a	we	my De	car	dia		10	tare	418	~		00	MIN
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00/00	cian buria		cause. Enter Underlying Cause (Disaesa or injury	,													
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9	certifice nding pl use es t	Me		L,													
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	res that the deeth signed by the etter to detached for the	Physician	Pert It. Other significant condition	ons con	tributing to de	eath but not re	sulting In the u	underlyin	o cause gi	ven in Pert I.		23b. Dld	tobac	co use co	ntributa to	the ca	use of death?
	t the by the	'n			ontributing to death but not resulting in the underlying cause given in Pert I.									2₩No			4 Unknow
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or vital necords,	requires that been signed b should be deta											24e. Wes	en eu	tonsv	24b. We	ere auto	psy findings
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	ysician: The s certificate director, pa	Be	25. Wes casa raferred to medical examiner?							26. Pleca	of Deeth	(Check only	one)				
	5 50	2	1 Yes 2 No	Н	ospitei:	npatient 2)5	ER/Outpetle	nt 3□	DOA Oth	har: 4 Nur	sing Hor	na 5□ Resi	denca	8 Oth	er (Specifi	y)	
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	oding th. : After e fune	at lo	1 Naturei 5 Pendin 2 Accident Investig		(NION)	th, Day Year)	Injury	М		nk≀]Yes 2∐N	lo						
2	or Attending effer deeth. Director: After I in by the fune	Certification:	3 ☐ Suicide 6 ☐ Could r		28e. Place	of Injury - At h	nome, farm, st	reet, fect	orv. offica		2	8f. Location (Street	end Numb	er or Rura	/ Route	Number
	Offer Direction of the control of th	erti	4 Homicide	11100		ng, atc. (Speci			.,,			City or To	wn, Ste	ete)	0. 0. 770.0.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11001
	To the Hospital or Attending Ph within 24 hours elect deeth. To the Eureral Director: After th completely filled in by the funeral		29a. Certifiar 1 ☐ Cartifyin	a Dhara	lolon. To #:	hant of evel-	nudada - d - d	h	ad a 4 M = 10								
	Fun Fun yeek	edicai	(Check only one)	y enysi Examin	ar: On the ba	best of my knows of axamina	owiedge, daet ation end/or in	n occurre vastigati	on, in my o	ma, data and opinion, daeth	place, a occurre	nd dua to the	ceusa dete e	(s) and ma nd place,	nner as st end due to	ated.	ise(s)
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) John	100	-Wi	no			Do	854	16		7	0 w	er-y	31	1997
	10		30. Nema end address of person	who cor	npleted caus	a of daath (ite	m 23e) (Type,	Print)									1997 LO.
	1				- ber		2181		Con	SIN	DC	2	13	athe	SQ.	le.	. 8.
	Sta	te	31. Dete filad (Month, Dey, Yeer)			_	The state of the s							- 1		4	
	Sla	10	A	9 40	107	egistiar Sign	aurason-	Rande	مالا								



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month ALLI SILVERMAN FEBRUARY DI /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE MONTGOMERY 5. Social Security Number if Under 1 Year if Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country)
 NEW JERSEY **Funeral** Days Hours 1□M 2□F Yrs. 577-07-0262 Director 1914 Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d. inside City Limits the Medical Examiner must be notified at Director MARYLAND Ne Yes 2□No MONTGOMERY ROCKVILLE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 238 6718 TILDENWOOD LANE 20852 UNITED STATES 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No if Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) or items Race - American indian, Biack, White, etc. 72 hours efter 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Py Specify 3 XWidowed 4 □ Divorced natural', WHITE Completed 15. Decedent's Education (Specify only highest grade completed) 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) Coilege (1-4or 5+) REAL ESTATE REPRESENTATIVE REAL ESTATE 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be it item 27 is marked or MORITZ GREENBERG MOLLIE EHRENKRANTZ 19a. informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) RALPH SILVERMAN (SON) 6718 TILDENWOOD LANE - ROCKVILLE, MARYLAND 20852 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State permit. Pages 1 Department of H Important: If ite any injury or ot once. 1 X Buriei 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 2/4/97 ADAS ISRAEL CONG. CEM. WASHINGTON, D.C. 21. Signature of uneral Service Licenses 22. Name and Address of Facility DANZANSKY-GOLDBERG MEMORIAL CHAPELS, 1170 ROCKVILLE PIKE - ROCKVILLE, MARYLAND 20852 23e. Pert1. Enter the disease, or complications that cau led the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** immediate Cause (Final disease or condition resulting in death) /Medical Examiner Physician/Medical Examiner bunial-transi Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Box 68760, physician s the burial requires that the death certificate be P.O. Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco usa contributa to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown signed to Records. þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Was an autopsy performed? The law 1 Yes 2 No 1 ☐ Yes 21 No Division of Vital To the Hospital or Attanding Physician: within 24 hours after death.

To the Funeral Director: After this certifies 25. Was case referred to medical examiner? Be 26. Piace of Death (Check only one) Hospitai: 1 KInpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 Yes 2K No 2 ER/Outpatient 3 DOA 27. Menner of Death . Date of injury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred 1 Naturai 5 Pending Investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide 18 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and placa, and due to the cause(s) end manner as stated.
2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date end placa, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signature and title of a 29c. License number 29d. Date signed (Month, Day, Year) FEBRUARY, 2, 1997 D35792 SWAROOP RAO. 30. Name end address of person who completed cause of de (Itom 23a) (Type, Print) OCKVILLE, MD. 20852. EDMONSTON 32. Redistrar's Signature 31. Date filed (Month, Day, Year) State FEB 0 4 1997 Registrar

The second secon

1. Ve *e

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	7 7	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examinations be notified at once.
within 24 hours at	mpletely filled in by	cremation, or min	went, the medic
rificate be executed	g physician and co	iene prior to burial,	ther traumatic e
that the death cer	ed by the attendin	th and Mental Hyg	any injury, or o
I: The law requires	cate has been sign	State Dept. of Heal	item 23 shows
ENDING PHYSICIAN	R: After this certifu	er death with the S	is marked, or
HE HOSPITAL OR ATT	HE FUNERAL DIRECTO	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remark-	DRTANT: If Item 28
10	10	e e	퇿

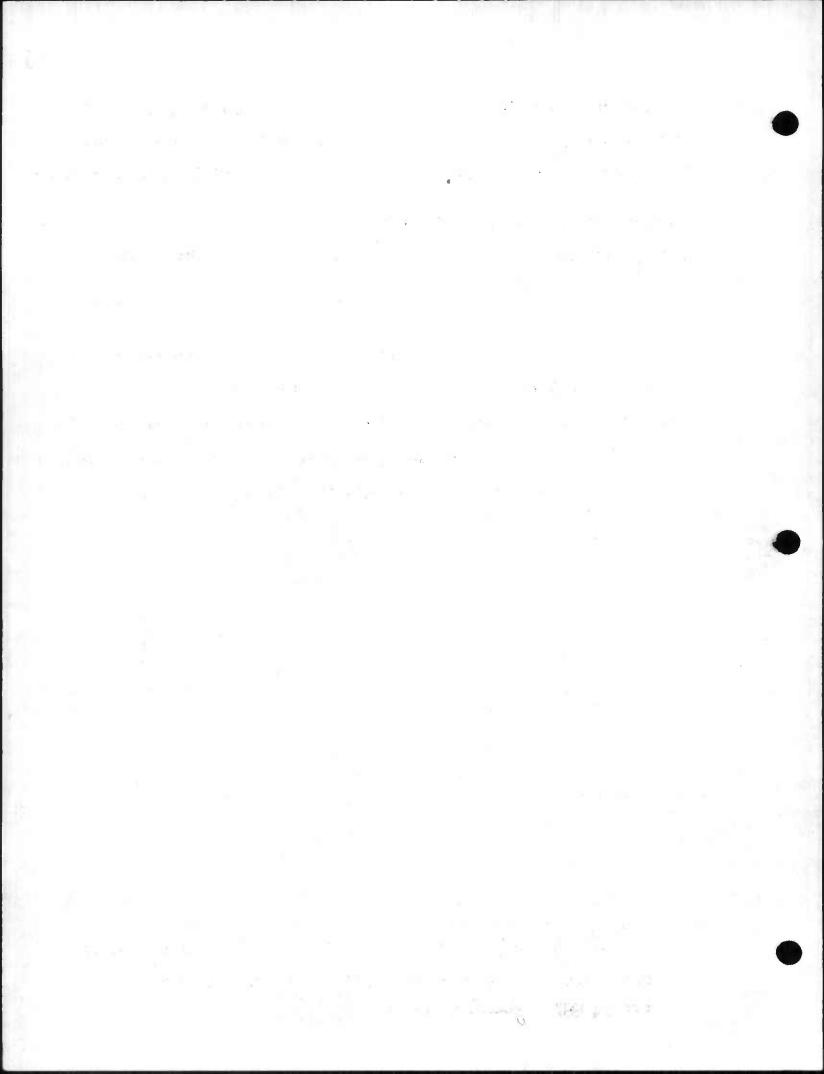
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF H	EALTH AND	MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)			AIL OI	DEATH	2. DATE	OF DEATH)		3. TIME OF DEAT	Н
	Dorothy Ellen	Seith				HOM		9. 199	YEAR	7:06	
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	B. BIRTHPLACE (State of			
	042-12-6405 9a. FACILITY NAME (If not institution, give a	1 M 2 KF	/b YRS.	NTHS DAYS	HOURS MIN.	Aug	th, Day, Year)	1920 N	920 Massachusetts		
DIRECTOR	National Navel Me		sda			Monto					
3	10a. STATE 10b. COUNTY			OWN OR LOCAT	TON			_	Т	10d. INSIDE CITY	
ā	Virginia Fair	*fax	Fal	ls Chui	rch				- 1	LIMITS?	NO
AL	10e. STREET AND NUMBER			101	ZIP CODE			10g. CITIZE	_	HAT COUNTRY?	
	3150 Ravenwood [rive			22044			US	SA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	If yes, spi	ENOENT OF HISPA ecify Cuban, Mexic 2 XNO Spec	an, Puerto	Rican, etc.)	s or No 14	Black, Specif		in,
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S USL	JAL OCCUPATION	DN .			SINESS/INDUS		<u>ucas ian</u>	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) Callege (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo- tired.)	st of working		x rano or bo	SINESS/INDO	2174		
P.		1	Homema	aker			Own	Home			
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First,					
ш	Urban Cannell				Irene	M.	Boswor	th			
0 0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street a	nd Number or Rural				ode)		
-	William Seith		3150 Ra	avenwoo	od Drive	/Fal	ls Chu	rch. V	lirg	inia 22	044
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rame		PLACE AND DATE OF Dietery, crematory or other p	ISPOSITION (Na		DAT		CATION — CI			
	4 Donetipe 3 Diles (Scapity)	No	rthern Va	Crema	atory 1/	21/9	7 Ar1	ington	, V	irginia	
	21. SIGNASURE OF FUNERAL SERVICE LIC	DWEEL		22. NAME AN	ngton Fu	ACILITY					
	1	all			No. Fai				1-	22202	
ERTIFICATION	Approximate interval fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHTSICIAN: MEDICAL C		PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in								WERE AUTOPSY FIN AMAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?	O AUSE
Ë	DID TOBACCO USE CONTE	RIBUTE TO CAUSE O	F DEATH YES	□ NO Ø	UNCERTAI	N 🗆					
אוכו	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		HER:	5 Residenca	8 C Othe	er (Specify)				
E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ	JRY AT	7		NJURY OCCUI	RED		-
	1 Natural 5 Pending 2 Accident Investigation	(MONIN, Day, Your)	INJUNY		ES 2 NO						
COMPLEIEU	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, street	t, factory, office		28f. LOC City	ATION (Street or Town, State)	and Number or	Rural Ro	oute Number,	
	29a. CERTIFIER (Check only	CIAN: To the best of my knowl	edge, death occurred at	the time, date	and place, and du	e to the cer	ree(a) and mar	nner en stated			
5		R: On the basis of exemination								and manner es et	sted.
	296, SHOWATURE AND TITLE OF CERTIFIER				29c. LICENSE NU					Month, Day, Year)	
	Meduse	mo			SC 18						100
2	SOMETHE AND ADDRESS OF PERSON WHO		ATH (ITEM 27) (Type, Print	()	30 10	41)		, 1	epr	uary 4,	199
	B.K. Auge - L	T, MC, USN	- National		Medica	1 Cer	nter/B	erhesd	а,	Md. 2088	39
	FEB D 4 1997	32. REGISTRAR'S SIGN	don-Randelle								

900 •

State of Maryland / Department of Health and Mental Hygiene 97 05006

					Certificate	of Death			Reg. No.	31	00000	
Dhi	lele	1. Decedent's Name (First, Middle, L.	ast)				2	Dete of De	eeth	Voor	3. Time of Death	
Phys /Me	ıcıan dicai	Lorenza Ray	von Searcy,	Jr.			[,]	anuar	v 31. 19	Yeer 997	9:30 AM	
Exan		4e. Fecility Neme (If not institution, gi	ve street and number)			4b. City, To						
		5645 Sargent Roa					svill				orge's	
Funera Directo	_		Sex 7. Age (I 11X M 2□ F 73	n yrs. last bi		Year If Under Days Hours	24 Hrs. 8 Min. M	Dete of Bi (Month, D arch	ay, _{Year)} 28, 1923	9. Birthp Cour NOT	place (State or Foreigntry) th Carolin	
yland		10a. State 10b. County	10	C. City, Tow	n or Location						10d. Inside City Limit	
the Mar 28a-f s	Director	Maryland Prince	George's H	Hyattsville					10a Citizan of	MATERIAL COLUMN	1 ☐ Yes 2√ No	
th with 23a or					20782				10g. Citizen of United		and the second	
de de	Funeral	11. Marital Status	12. Was Decedent Eve Armed Forces?	r In U,S.	13. Was Deceder If Yes, specify	t of Hispanic Ori	gin? (Spect	fy Yes or N	0- 14. Rec		can Indian,	
filed within 72 hours after death with the Maryland thygiene. Then "naturel", or items 23s or 28s-f show ent, the Medical Examinet must be notified at	Š	3 ☐ Widowed 4 ☐ Divorced	1 ☑ Yes 2 ☐ No If Yes, Give Year or Detes:		1 ☐ Yes 2 ☐			oan, ott.,	Specif	ck, White,		
72 ho	ted	15. Decedent's E		16a	Decedent's Usuel C	ccupetion	4 = 4		16b. Kind of B			
Department of the state of the	Completed	(Specify only highest gr Elementery/Secondary (0-12)	College (1-4or 5+)		(Give kind of work of iife. DO NOT use	retired)	t of working					
offied withing the filed withing the filed withing other than vent, its warms.	5	12			mechanic				car rep	pair		
be filed tal Hyg d other	Be	17. Fether's Name (First, Middle, Las							, Maiden Sumen	ne)		
should be and Mental marked o	10	Lorenza Rayvon S				Jess	ie Ed	munds				
d 2 should th end Mer 7 is marke treumatic		19a. Informant's Neme/Relationship			. Mailing Address (S						Code)	
s 1 end strength item 27 other tre		Waldie Louise Sea			545 Sarger		Hyat	tsvil	le, Mary	land	20782	
of H		20a. Method of Disposition 1 ☐ Buriel 2 🗓 Cremation 3 [Removal from State	20b. Piece o cemete	f Disposition (Name ry, crematory or othe	of r place)		Dete	20c. Location	City or To	own, State	
Pag ment ant:		4 □ Donetion 5 □ Other (Speci		Chesa	peake Crem	natory	2-	1-97	Beltsvi	11e,	Maryland	
permit. Pages 1 en Department of Hea Important: If Item 2 any Injury or other	BUC	21. Signeture of Funeral Service Lice	nsee		Rapp Ful 933 Gis	ddress of Fecilit		s, P.			A THY	
100		23a. Part1. Enter the diseese, or con	plicetions that caused the	death. Do	933 G1S	AVENUE f dying, such es	cardiac or r	ver 5	pring, Perrest.	10 2	0910 Approximate	
Physicia		shock, or heert failure. List only	one ceuse on each line.								Intervel Between Onset end Death	
/Medica		immediate Cause (Finel	Cancinom	- of -	the Ducete	4.				١,	00	
Examine	r	disease or condition resulting in death)	0.		the Prosta	te				- 4	22 months	
	<u>ē</u>		Du	e to (or as e	consequence of):					\$		
executed in and iel-trensit	Examiner	Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or injury	b. — Due	consequence of):					1			
certificete be executed ding physicien and use es the buriel-trensit	Medical	Cause (Disease or injury that Initiated events resulting in deeth) Last					A S					
that the death cert led by the ettendin detached for use	Physician/	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.							23b. Did tobacco uss contribute to the cause of d			
that the								10	Yes 2□No	3 Pro	bably 4 Unknow	
sician: The law requires to certificate has been signe rector, page 2 should be o	d by							24a. Wes	an eutopsy	24b. W	ere autopsy findings	
w require been signal	et							perfe	ormed?	co	mpletion of cause	
The law ate hes b	Completed										deeth?	
iclan: The certificate rector, pag		OF Miss case of sand to sand in the							Yes 21XNo	1[☐ Yes 2Ã☐ No	
ysician: s certific director,	Be	25. Was case referred to medical examiner?	Hospital:			Other	of Deeth (
5 00	10	1 ☐ Yes 2 ⚠ No 27. Manner of Death	1 ☐ Inpatient	2 ER/Ou		4 L Nu	1		idence 6 Oth		y)	
After fune	<u>0</u>	1 Neturel 5 □ Pending	(Month, Day Ye		njury M	Injury at Work? 1 ☐ Yes 2 ☐ I		J. Describe	how injury occur	100		
Attending or deeth. ector: After by the fune	Ca	2 Accident investigatio		At home for				Leasting	Chart and Mumb		I Davida Marakasa	
after deet Director:	Certification:	4 ☐ Homicide determined	28e. Piece of Injury - building, etc. (S	pecify)	rm, street, factory, o	TICE	201	City or To		er or Hure	al Route Number,	
Hospita 14 hours Funeral tely filled	edicai C	Crieck only 2 Medical Exam	ysician: To the best of miner: On the basis of exa	ımınation an	, deeth occurred et t	ne time, dete and	d piace, and	due to the	cause(s) and me	enner as s	tated.	
To the within 2 To the comple	Med	29b. Signeture and the of certifler	and manney stated			cense number			29d. Date signe			
		11/2+ 1	///									
8		1/min 1/	· When, "	w	D02	294 MI	D		January	31,	1997	
		30. Neme and/address of person who							0010			
		Martin H. Cohen,			Street, NW	, Washi	ngton	, D.C.	20422			
	tate	31. Dete filed (Month, Dey, Year) FEB 0 4 1997	31. Registrar's		ndo BP							
Regis	trar	LED 0 4 1991	1									

DHMH 16 Rev 6/95



DIVISION OF VITAL RECORDS. P.O. BOX 68760

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	AT	S a	E 2
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be he filed within 72 hours after clearly with the State Dept of Health and Mental Hydiene prior to burial cremation or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

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										97	05007
	1 - STATE OF I	MARYLAI			TMENT OF			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Lest) ROSE KLEIN	511	E4E	<u>-</u> 1				2. DATE OF DEATH DO TANUATO	ay 31	YEAR 1997	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 123-14-9500 5. SEX 1 □ M 2 ☑ F	6. AGE (In	The (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. The property of				905	8. BIRTHPLACE (State or F Country) PENNSYLVAN			
TOR	9e. FACILITY NAME (If not institution, give street end number) HEBREW HOME OF GREATE: RESIDENCE OF DECEDENT	HING	TON	96. CITY, TOV	VILLE	TION OF D	EATH		NTGO		
DIRECTOR	106. STATE 106. COUNTY MARYLAND MONTGOMERY				OMAC	OWN OR LOCATION OMAC					10d. INSIDE CITY LIMITS? 1X YES 2 NO
FUNERAL	100. STREET AND NUMBER 10016 APPLE HILL COUR		20854 UNITED					STATES			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDEN FORCES? 1 3 Wildowed 4 Divorced IF YES, GIVE V	YES	ES 2 NO If yes, specify Cuben,				en, Mexica		or No-	14, RACE Black Speci	- American Indian, t, White, etc. ty: WHITE
COMPLETED BY	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 8	+)	18a. DECEDENT'S USUAL OCCUI (Give kind of work done durin life. Do NOT use retired.) HOMEMAKER				one during most of working d.)			DUSTRY ME	
BE CON	17. FATHER'S NAME (First, Middle, Last) SAMUEL KLEIN		16. MC		ME (First, Middle, Meiden E MENDLOWI						
2	196. INFORMANT'S NAME (Type/Print) STEVEN TOMARES (GRAIN	DSON)						RT-POTOMAC			ND 20854
	20e. METHOD OF DISPOSITION 1 to Buriel 2 Cremetion 3 Removal from State 4 Donation # Other (Specify)	ACE AND Bry, cremet AS	TOTAL OF ON	her place) LEL_CON	I(Name of IG. CI	EM.	1		TON,		
	21. SIGNATURS OF UNEFIAL SERVICE LICENSEE	1/1	ze		DAN2 1170	ROCE	-GOL	CILITY DBERG MEMO E PIKE-ROC	RIAL	CHAI	PELS, INC.
	23. PART i. Enter the diseases, or complications the shock, or heart fallure. List only one cau immediate Cause (Finel	t caused to	he death h ilne.	n. Do n	ot enter the	mode of d	ying, suc	h as cardiec or respi	ratory a	rreat,	Approximate interval Between Onset and Death

DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Pa DIABETES

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

rt I.	24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER?
1 YES 2 NO

26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER:
4 I Nursing Home 5 Residence 6 Other (Specify)

28e. DATE OF INJURY (Month, Day, Year) 28b. TIME O 5 Pending 28a. PLACE OF INJURY — At home, farm, stree building, atc. (Specify)

М	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCURED
rt, fac	tory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

MD. 20852

DISCHSE

29e. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(e) end manner se stated.

ATHERO SCLEPOTIC HEART

2 MEDICAL EXAMINER: On the basis of examination end/or	investigation, in my opinion, death occured at the time, date and $\mathfrak g$	lace, end due to the ceuse(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
T. M. Can M.D.	7 2/5/2	NECODIADN 1 100"

	Pro	was	M.D)_			
. NAME AND	ADDRESS OF	PERSON WHO	COMPLETED	CAUSE OF	DEATH	(ITEM 27) (Type,	Print)

D 36552

29d. DATE SIGNED (Month, Day, Year) ▶FEBRUARY 1 1997

P. TALWAR ROAD.

ROCKVILLE 6121 MONTROSE

32. REGISTRAR'S MIGNATURE -Andell

31. DATE FILED (Month, Day, Year) FEB 0 4 1997

disease or condition resulting in death)

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING

CAUSE (Disease or Injury

27. MANNER OF DEATH

1 Natural

2 Accident
3 Suicide

4 Homicide

YEARS

1 TYES 2 NO

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 05008 Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Deeth 3. Time of Deeth **Physician** chuessler February 3 Terry (ASPET 1997 /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SHADY GROVE ADVENTIST HOSPTIAL ROCKVILLE MONTGOMERY 7. Age (In yrs. lest birthdey) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth
Months Davs Hours Min. (Month, Day, Year) 5. Sociel Security Number Birthpiece (State or Foreign Country) **Funeral** 1 X M 2 ☐ F Yrs. 172-28-0518 63 Director July 22, 1933 Pennsylvania Usual Residence of Decedent 10a Stete 10b County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 ☐ Yes 2 X No Director Maryland Montgomery Derwood 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 18104 Muncaster Road 20855 United States 12. Wes Decedent Ever in U,S. Armed Forces? 1 [X/ves 2 □ No if Yes, Give Yeer or Dates: 1953—1956 Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indian, Bieck, White, etc. 11 Marital Status 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: À Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry nd Mental Hygiene. marked other than Eiementary/Secondary (0-12) Coilege (1-4or 5+) Electrical Engineer Government Contracts press to grow the person of a should be the Department of Health and Mental Hy, Important if them 27 is marked other any trijury or other 27 is marked other and any trijury or other 27 is marked other and any trijury or other 27 is marked other and a second other a second other and a second other a second other a second other and a second other a second other a second other and a second other a second o 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be Jerry Felix Schuessler Nellie May Richey 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Marlene R. Schuessler/Wife 18104 Muncaster Road, Derwood, Maryland 20855 20b. Place of Disposition (Name of cemetery, cremetory or other place) Feb. 6, 1997 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 XCremetion 3 ☐ Removei from State 4 ☐ Donetion 5 ☐ Other (Specify) Montgomery Crematorium, Inc. Bethesda, Maryland 21. Signeture of Funeral Service Licensee Robert A. Pumphrey Funeral Home/Rockville, Inc. 300 West Montgomery Avenue, Rockville, Maryland 20850—2805 M00846 1./Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiratory arrest, or heert feilure. List only one caused the deeth. Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Finel - 3 whs . brain metastases diseese or condition resulting in death) **Examiner** Examiner 5 mos Squamons cell cance physician and s the burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In deeth) Lest Due to (or es e consequence of): P.O. Box 68760, Physician/Medical Due to (or es e consequence of): guipu Pert It. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown Chronic renal failine Records, 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Was en eutopsy polycystic bidney disease certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Be 25. Wes cese referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 Inpatient 2 ER/Outpetient 3 DOA After this 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Neturel death. To the Hospital or Attendit within 24 hours after death.
To the Funeral Director: A completely filled in by the fu 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of tnjury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, deeth occurred at the time, date end plece, end due to the ceuse(s) end manner steted. (Check only one)

10+19

State Registrar

29b. Signature and title of certifier

medical

31. Dete filed (Month, Dey, Year) FEB 0 7 1997

9707

wige a. Sofol

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Center Drive 32. Registrer's Signeture

29c. License number

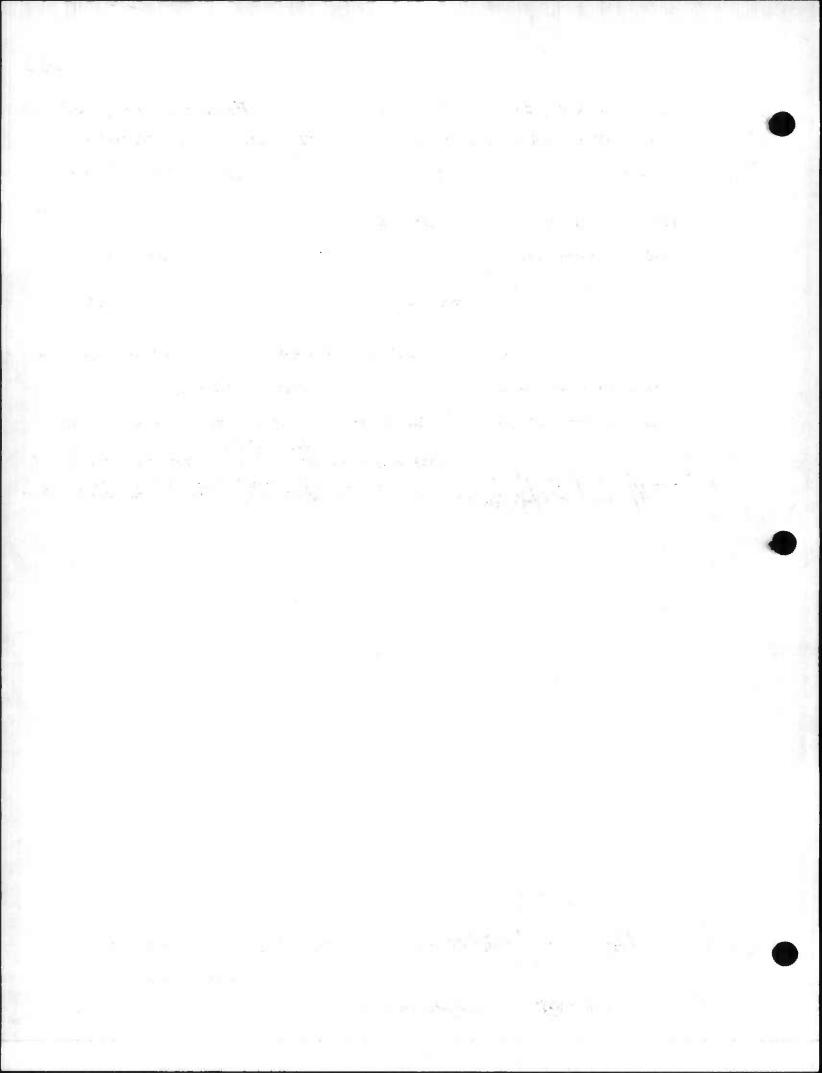
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29d. Dete signed (Month, Dey, Year)

Feb 04, 1997



State of Maryland / Department of Health and Mental Hygiene

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					Cer	tificate c	of Death	R	eg. No.		000	
		1. Decedent's Nema (First, Middle, La	st)					2. Data of Dear	th	Maria	3. Time	of Death
Physicia:		amuel	Luno		Shir			Roruge	Dey	Year 1997	2:0	non
/Medica Examine		4e. Facility Nama (If not institution, giv	a street end number			1	4b. City, Town, o	Location of Death	4c. County		- C	OFI
-Adminio	•	Cuhur	ban Hospi	t - 1			Poth	esda	Mar			
Funeral		5. Sociel Sacurity Number 6. 5		ga (In yrs. la	st birthdev)	If Under 1 Ya				ntgom		or Foreig
Director		072-26-4589	I ☑ M 2 □ F		Yrs.	Months De	ys Hours Min	8. Deta of Birth (Month, Dey November 2	Year)		leca (Stete	, or , oreig
Director		Usuel Residence of Decedent		80				November 2	4,1910	CI	hina	
Š 11		10a. Stata 10b. County		10c. City,	Town or Loc	cation				1	0d. Inside	City Limit
£ 50	0	Manual and Markers									1 🗆 Ye	6 2 N
26a-	Director	Maryland Montgo 10e. Street end Number	mery			100 71-0-1	Potomac		0. 0			
2 8	ᅙ					10f. Zip Cod	0		0g. Citizen of \	wnat Coun	ary r	
23	e l	9121 Be11	s Mill Ro				20854			ed St		
or tems 23a or 25a-f show uniner must be notified at	Funeral	11. Meritel Stetus	12. Was Dacedent Armed Forcas	t Ever in U,S	5. 13. V	Vas Decedent of Yas, specify C	of Hispanic Origin? (Juben, Mexican, Pue	Specify Yes or No- rto Rican, atc.)		ck, Whita,		
		1 Never Merried 2 Merried	1 ☐ Yes 2 ☑ If Yas, Give	No		☐ Yes 2☑ N			Specify			
	Ď	3 ☐ Widowed 4 ☐ Divorced	Yaar or Datas:			_ 100	чо ороспу.		Specily		ian	
"natural", edical Exi	Completed	15. Decedent's Ed (Specify only highast gra			16a. Deced	ent's Usuel Oc	cupation ne during most of wi ired)	odina	16b. Kind of B	usinass/inc	dustry	
E 20	0	Elementery/Secondary (0-12)	College (1-4or	5+)	life. D	O NOT use re	rired)	UKRIY				
r than	0		5+	.,	Elec	trical	Engineer		Private	e Ind	ustr	J
d othe event,	Be C	17. Father's Neme (First, Middle, Last,)		·			ama (First, Middle, I				
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marked matic e	۱	19a. Informant's Name/Ralationship (10h Mellin	a Addrage /Sta	set and Number or F			0	Code	
2 2												
itsm 27 other t	-	Sally Wu Shih/ 20e. Method of Disposition	Wife	not Di-	9121]	Bells M	ill Road					
= 0 0 = 10		1 ☑ Burlel 2 ☐ Cremetion 3 ☐	Removal from State	Cer	metery, crem	etory or other	olece)	Dete	20c. Location -	City or To	wn, Stata	
		4 ☐ Donetion 5 ☐ Other (Specif		Ken	ruary sico (etory or other 11, 19 emeter	9 /		Valhall	a. No	ew Yo	rk
mportant: nny injury ance.	ľ	21. Signature of Funeral Service Licer	1500		22	Nama and Ad	dress of Facility					
EES		11 02	-//		Rol	bert A. thesda-	Pumphrey Chevy Cha Maryland	Funeral	Home / W.	iscon	sin /	venu
-	-	23a Best Enter the disease or form	dinations that sauce	M0033	Be Be	thesda,	Maryland	20814-35	01	LUCUII		
	Į	23a. Part 1. Enter the disease, or com shock, or heert fellure. List only	one ceuse on each l	line.	DO HOT BITTE	i tile illoge of t	aying, soon as cardi	ac or respiratory arr	931,	1	Approxim Intervel B Onset and	etween
ysician		Letter was a second					^			1	G11001	2 0 0 0 0 1
Medical kaminer		Immediate Cause (Final disease or condition	· ('ERF	-BIRAL	(V)	ascul,	AR AC	CIDENT	T	i		
SECTION .		resulting in deeth)			es a consequ					i		
25	Examiner		. SEPS	15						1		
ng physicien and ses the burial-trensit	Ē	Sequentially list conditions	b		as a consequ	uence of):						
	Ĭ K	if any, laeding to immediate	7000		11							
Sicie Du	edicai	Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or injury that initiated events	. DIABE			ELLITU	(5					
S th	ğ	resulting in deeth) Last	0		as a consequ		0					
	Σ		d. COMPI	ETE	11/	EART	BLOCK			1		
detached for use	Physician									1		
hed t	SIC	Pert II. Other significant conditions of	ontributing to death t	out not result	ting in the un	derlying cause	given in Pert I.	23b. Did to	bacco use co	ntribute to	the caus	e of death
by t	5							1 🗆 Y	es 250 No	3 Prob	bably 4	Unknow
be de	2							-				
nie in	8							24e. Wes a		24b. We	ere autops	y tindings
should should	Completed							perform	ned?	cor	ailable prio	cause
262	티									Ore	death?	
certificata								1 🗆 Ye	s 2 No	1 🗆	Yes 2	₽ No
director, page	000	25. Wes case referred to medicel examiner?					26. Plece of De	eeth (Check only on	Θ)			
direct A	<u> </u>	1 ☐ Yes 2¶ No	Hospital: 1 🖂 Inpati	ient 2 E	R/Outpatient	3□ DOA	Other: 4 Nursing	Home 5 Reside	ence 8 Oth	er (Specify	y)	
		27. Menner of Deeth	28e. Dete of Inju (Month, De	ury Zeer) 2	28b. Time of Injury	28c. Ir	njury et Vork?	28d. Dascribe ho	w injury occur	red		
Director: After I in by the funer		1 Neturel 5 ☐ Pending 2 ☐ Accident investigetion		ay roar,	Hijury		☐ Yes 2☐ No					
4 th		3 Sulcida 6 Could not be determined	e 28e. Plece of in	jury - At hom	ne, term, stre	et, tectory, offic	ce .	28t. Location (St	reet and Numb	oer or Rura	I Routa No	mber,
in the	certification:	4 Homicide	bullding, e	(c. (Specify)		,		City or Town	n, Stete)			
completely filled	-	29e. Certifier 154. Certifying Ph		-AI I	le de la la com							
yle)	edical	(Check only 2 Medical Exam	ysician: To the best niner: On the besis of	of examinetic	neage, deeth on end/or inv	occurred at the estigation, in m	tima, date end pled y opinion, deeth occ	e, end due to the ca curred et the tima, d	ause(s) and ma ete end piece,	end due to	ated.	o(s)
Completely filled in by	-	Grie)	end menner st	eted.								
8	Ξ	29b. Signeture and title of certifiar	11.		10 0 0	29c. Lice	ensa number	2	9d. Date signe	d (Month, I	Dey, Year)	
0		Merlyn	Meny	MI	MD	1	RGIA A		2/4/	97		
30	-	30. Name and eddress of person who	completed cause of	deeth (lien 2	23e) (Type F	Print)	•					4
		MERLYN VEN	JUPY I	y No.	980	16FA	RGIA A	TIE CII	UFR	PRIT	VG	MD
		31. Dete filed (Month, Dey, Year)	30 Bonist	rar's Signetu	() (. 000		VL , 3/2			20	902
State	3	ECD 0 7 100	7	A Signett	. m.	.00						

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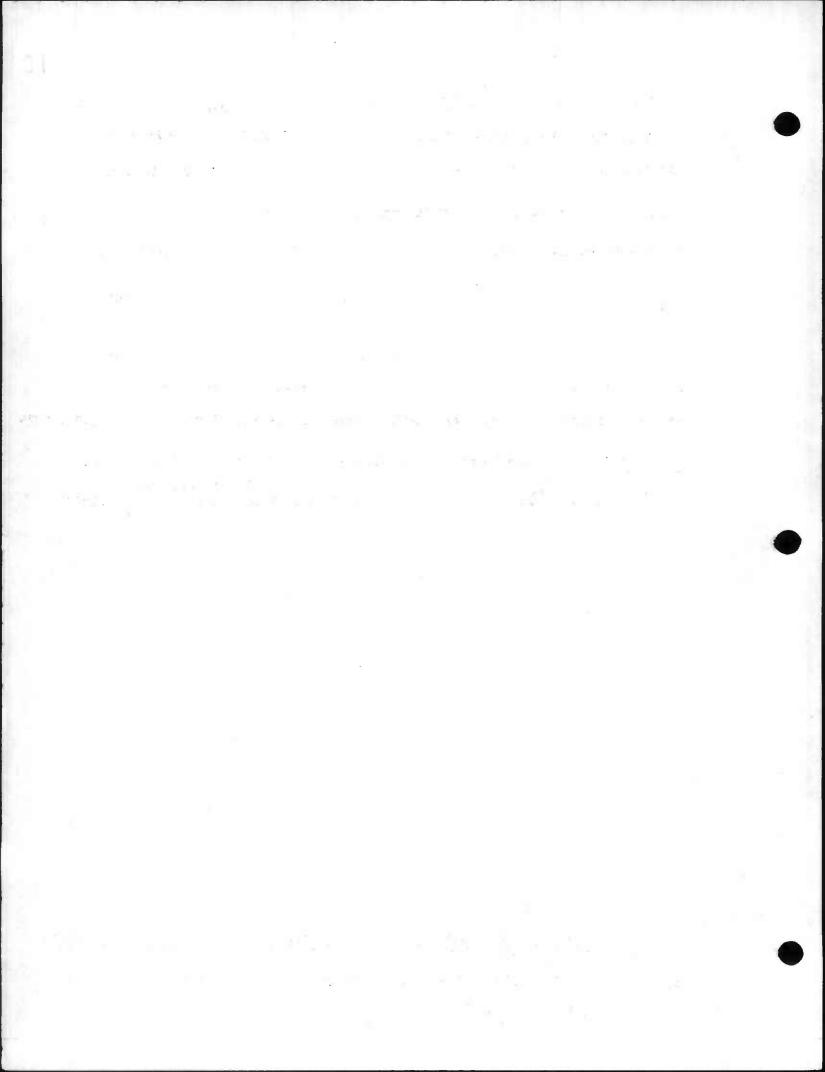
State of Maryland / Department of Health and Mental Hygiene

05010 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** SAMORAJCZYK Month 82 1997 SOPHIA 2205 February /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City Town or Location of Death 4c. County of Deeth Examiner ROCKVILLE MONTGOMERY SHADY GROVE ADVENTIST HOSPTIAL 5. Sociel Security Number If Under 1 Year | if Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 9. Birthplece (State or Foreign Country) March 10,1911 Conneticut 7. Age (In yrs. last birthday) **Funeral** 1□M 2₩F Months Deys Hours Yrs. 042-24-4234 Director Usuel Residence of Decedent with the Maryland 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner naut be notified at Md. Montgomery Gaithersburg Director 1☐ Yes 2☐No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? items 23a or 18700 Walkers Choice Rd. #408 20879 United States death v Funeral 12. Was Decedent Ever In U.S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. efter 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 1 Never Married 2 Married 25 Saltimore, Maryland 21215-0020 0 1 ☐ Yes 2 ☐ No Specify: Specify: White à permit. Pages 1 and 2 should be filed within 72 hours of Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", cany injury or other traumatic event, the Mental Early injury or other traumatic events. 3 Widowed 4 □ Divorced Be Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) 2 Bronislaus Zysk Frances Ustazewska 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Mary Ann Samorajczyk (Daughter) 18700 Walkers Choice Rd. #408 Gaithersburg, Md. 20879 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 Donetion 5 Dother (Specify) Intombment Gate of Heaven Cemetery 2/6/97 Silver Spring, Md. uneral Service Licens 22. Name end Address of Facility DeVol Funeral Home 2411 10 East Deer Park Dr. Gaithersburg, Md. 20877 or the or hase, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, the mode of dying, such as cerdiac or respiratory errest, the mode of dying, such as cerdiac or respiratory errest, and the mode of dying, such as cerdiac or respiratory errest, and the mode of dying, such as cerdiac or respiratory errest, and the mode of dying, such as cerdiac or respiratory errest, and the mode of dying, such as cerdiac or respiratory errest, and the mode of dying, such as cerdiac or respiratory errest, and the mode of dying, such as cerdiac or respiratory errest, and the mode of dying, such as cerdiac or respiratory errest, and the mode of dying, such as cerdiac or respiratory errest, and the mode of dying, such as cerdiac or respiratory errest, and the mode of dying, such as cerdiac or respiratory errest, and the mode of dying are the mode of dying and the mode of dying are the mode of dying are the mode of dying and the mode of dying are the dying are the mode of dying are the dying are the dyi Approximete Intervel Betw Onset and Deeth **Physician** /Medical Immediete Ceuse (Final · Acute TRING diseese or condition resulting in deeth) **Examiner** Physician/Medical Examiner insufficiency Chronic renal The law requires that the death certificate be executed the buriel-transi Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Records, P.O. Box 68760. Congestive heart Due to (or es e consequence of) Diabetes for use Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 ☐ Unknown þ 8 24b. Were eutopsy findings eveilable prior to completion of ceuse of death? page 2 should Completed 24a. Wes en eutopsy performed? certificate has 1 Yes 2 13 No Division of Vital papital or Attending Physician: The hours after deeth.
Inversi Director: After this certificate by filled in by the funeral director, pa 25. Wes cese referred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 SInpatient 2 □ ER/Outpatient 3 □ DOA 28e. Dete of Injury (Month, Dey Year) 27 Menner of Deeth 28c. Injury at Work? Certification: 28d. Describe how Injury occurred 5 Pending Investigation 1 PN Naturel 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 D Homicide To the Hospital of within 24 hours a To the Funeral Completely filled in the Funeral Completely filled in the fill 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, and due to the cause(s) and menner as stated.

| Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, and due to the cause(s) end menner stated.

| Medical Examinar: On the best of examination and/or investigation, in my opinion, deeth occurred et the time, date end piece, and due to the cause(s) end menner stated. Medical 29e. Certifier (Check only one) 29b. Signeture end title of certifie 29c. License number 29d. Date signed (Month, Dey, Yeer) February 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) 481 N.Frederick Ave. #230 Gaithersburg, Md. 20879 S. Abulfarag 31. Dete filed (Month, Day, Year) 32. Registrar's Signeture State chia Davidson-Randelle FEB 0 7 1997 Registrar

DHMH 16 Rev 6/95



	Paor	D.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed withment hours after death. Page 6 may be retained by the hospital or attending physician.	fter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pany	eath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 to marked or them 23 chous any injury or other traumable event the medical eventual most and a second
AN: The law req	ificate has been	e State Dept. of	r Hom 23 chr
HE HOSPITAL DR ATTENDING PHYSICIA.	HE FUNERAL DIRECTOR: After this certif	led within 72 hours after death with the	ORTANT if item 28 le marked or
2	10	be fi	IMP

	1 - STATE REGISTRAR	STATE OF MA			TMENT				MEN	TAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last) MATTH	Gene	HNEI	DER					361	ATE OF DEATH		YEAR	3. TIME OF DEATN	
	4. SOCIAL SECURITY NUMBER		L AGE (In yrs. last		IF UNDER	4 WEAR	IF UNDER		_	ATE OF BIRTH	3 1	397	11.40 P M	
	239-72-3536	1 3 M 2 D F	52	YRS.	MONTHS	DAYS	HOURS	MIN.	(A	Aorith, Day, Year)	.,,	Count		
	9e. FACILITY NAME (If not institution, give	street and number)		100	9h CITY	TOWN C	R LOCATIO	ON OF DE		1y 5, 19		NTY OF D	ew York	
۳ ا	Hebrew Home of G		hington	7		ckv		on or be	AIII			ntgor		
5	RESIDENCE OF DECEDENT		JIIII GCOI			/CICV.					1101	regor	acty	
DIRECTOR	10a. STATE 10b. COUNT			ŀ	Y, TOWN C		ION						10d. INSIDE CITY LIMITS?	
	Maryland Mont	gomery			Bethe						1 TES 2 X NO			
RA	6305 Alcott Road					101	ZIP CODE	-			WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS		EVED IN 11 0 ADI	450	1 40 4		208						States	
B	1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI		0	١ ١	f yes, sp	elfy Cuba 2 X NO	n, Mexica	n, Pue	IGIN? (Specify Yes rto Rican, etc.)	or No-	14. RACI Black Spec	E — American Indian, k, White, etc. Hy: White	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad		16a. DEG	CEDENT'S	USUAL Of	CCUPATIO	N .		Т	16b. KIND OF BUS	INESS/INC	DUSTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	se retired.)			9						
₩		5+		J	ourna	alis	t			Federal	Gove	ernme	ent	
	17. FATNER'S NAME (First, Middle, Last) Seymour Schne	idor								rst, Middle, Meiden	Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)	- Luci	-					_		Levine				
임	Carol A. Schnei	der								da, Mar		,	0817	
	20a. METHOD OF DISPOSITION													
	20a. METHOD OF DISPOSITION 1 \(\text{Merice} \) Burlet 2 \(\text{Cremetton } 3 \) Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name,p) cometery, cremetery of other place) February 7, 1997 St. Mary S Cemetery Rockville; Mary													
	21. SIGNATURE OF FUNERAL SERVICE LI	ROCKVIIIE; Hary 22. NAME AND ADDRESS OF FACILITY. Robert A. Pumphrey Funeral Home/Rockville,												
- 1	While A	A SHOP	m d Mo	0084	5 30	0 We	st M	onte	om	ery Aven	ue,	Rocky	ille, Maryland	
	23. PART I. Enter the diseases, or												Approximata	
	anock, or heart tellure. IMMEDIATE CAUSE (Final	List only one cause	on aach lina.										Interval Between Onset and Death	
	disease or condition resulting in death)		BRAIN	T	umot	R								
Î		DUE TO (O	R AS A CONSEO	UENCE O	F):									
S I	Sequentially list conditions,	b	R AS A CONSEO		_				_					
Ă I	If any, leading to immediata cause. Enter UNDERLYING	502 10 (0	n AS A CONSEC	DENCE OF	r):								3.15	
	CAUSE (Disease or Injury that Initiated events	C. DUE TO (O	R AS A CONSEO	UENCE O	F):				_				-	
CERTIFICATION	resulting in death) LAST	d											20.1	
- 11	PART II. Other algolificant condition	na contributing to de	eath but not re	sulting	In the un	darivino	Causa d	Iven In	Part I	. 24a. WAS AN	urmpey	745	WERE AUTOPSY FINDINGS	
CAL		UPES.								PERFORI	MED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MED							4		Τ.	1 TES 2	NO		OF DEATH?	
	DID TOBACCO USE CONT	RIBUTE TO CAU	SE OF DEAT	TH YE	S 🗆 N	10 U	UNC	ERTAIN					T TES 2 MO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE	OF DEAT	IN (Check o	-								
	1 TES 2 TNO	HOSPITAL:	R/Outpatient 3	□ DOA	4 W Num		5 🗆 Ras	sidence	6 🗆 O	Other (Specify)				
PHY	27. MANNER OF DEATN 1 Netural 5 Pending	26e. DATE OF IN (Month, Day,		28b. TIM INJ	E OF URY	28c. INJU			26d.	DESCRIBE NOW IN	JURY OC	CURED		
2 Accident Investigation No 1 YES 2 NO														
LED	3 Suicide 6 Could not be 4 Nomicide determined	28s. PLACE OF I building, et	NJURY — At hon c. (Specify)	ne, ferm, s	Hreet, facto	ory, office			28f. L	OCATION (Street ar City or Town, State)	nd Number	or Rurel R	loute Number,	
COMPLEI	29a. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the beet of m	y knowledge, dea	th occum	d at the ti	me, data	and placa,	and due	to the	cause(a) and mann	ner an stat	ed.		
<u>Ş</u> ∥	one) 2 MEDICAL EXAMIN	ER: On the basis of exer	nination and/or in	rvestigatio	n, in my o	pinion, de	sth occure	d at the	time, c	late and place, and	dua to th	e cause(a) and manner as stated.	
E C	296. SIGNATURE AND TITLE OF CERTIFIE	R MD					29c, LICE		and the same				(Month, Day, Year)	
	1 Calin						D3	365	5	2	FG	BRUF	HRY 4 1997	
	30. NAME AND ADDRESS OF PERSON WITH	GIZI	OF DEATH (ITEM		Print)	200	d	Ro	- BC	vile 1	1D.	208	52	
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR		47/26				_						
	FEB 0 7 1997	grilla Day	idson- Ba	DE ST	•								5.5	

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** RUTH CLARK TAYLOR February 1997 4:45 p.m. 4 /Medical 4e. Fecility Neme (If not Institution, give street end number) 4h City Town or Location of Deeth 4c. County of Deeth Examiner Asbury Methodist Village, 301 Russell Ave. Gaithersburg Montgomery 5. Sociel Security Number If Under 1 Yeer If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthplece (Stete or Foreign Country) **Funeral** Deys Hours 1 ☐ M 2 🂢 F 217-38-1266 88 Yrs Director July 12,1908 | Maryland Usual Residence of Decedent deeth with the Maryland permit. Peges 1 end 2 should be filed within 72 hours efter deeth with the Marylen Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 23s or 28s-f show way lighty or other traumatic event, the Medical Examiner must be notified at once. 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Gaithersburg 1 ☐ Yes 2 ☑ No Maryland Montgomery Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 301 Russell Ave. 20877 USA Funeral Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Stetus 12. Was Decedent Ever In U,S Armed Forces? 14. Race - American Indien, Bleck, White, etc. 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 ☑ No tf Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ Specify: 3 ☑ Widowed 4 ☐ Divorced white 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent'e Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) clerk county assessors off. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) William T. Clark Corina Smith 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Joyce B. Kirchner 5169 Chalk Point Rd., W. River, MD 20778 20a. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Friendship Cemetery 2/7/97 Friendship, MD 21. Signeture of Funeral Servica Licansee 22. Neme end Address of Fecility Rausch Funeral Home, P.A., Owings, MD 20736 10 23a. Part1. Enter the disease, or complication that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one course on each line. Approximete Intervel Between Onset end Deeth Physician /Medical Immediete Cause (Finel neumonia diseese or condition resulting in deeth) Examiner Examiner Kinsons years physician end the buriel-transit Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Physician/Medical Due to (or es a consequenca of): ettending esn been signed by the ette should be detached for Pert ti. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown à Completed 24e. Wes an eutopsy performed? 24b. Were eutopsy findings availeble prior to completion of cause of deeth? certificate 1 Yes 2 No 1 ☐ Yes Be 25. Was case referred to medical examiner? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of Certification: 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Naturel 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide

Division of Vital Records, P.O. Box 68760 To the Hospital or Attending Physician: within 24 hours after death.

To the Funerel Director: After this certifics completely filled in by the funeral director,

> State Registra

DHMH 16 Ray 6/95

edicai

9410 Old Georgetown Rd. Betlerda, MD Schulman 1997 July Wave Jalia Davidson Rardall

and address of person who completed cause of deeth (Item 23a) (Type, Print)

4 Homicide

29b. Signature and title of certifier

29a, Certifier

Jalia Daviden Rardall

Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

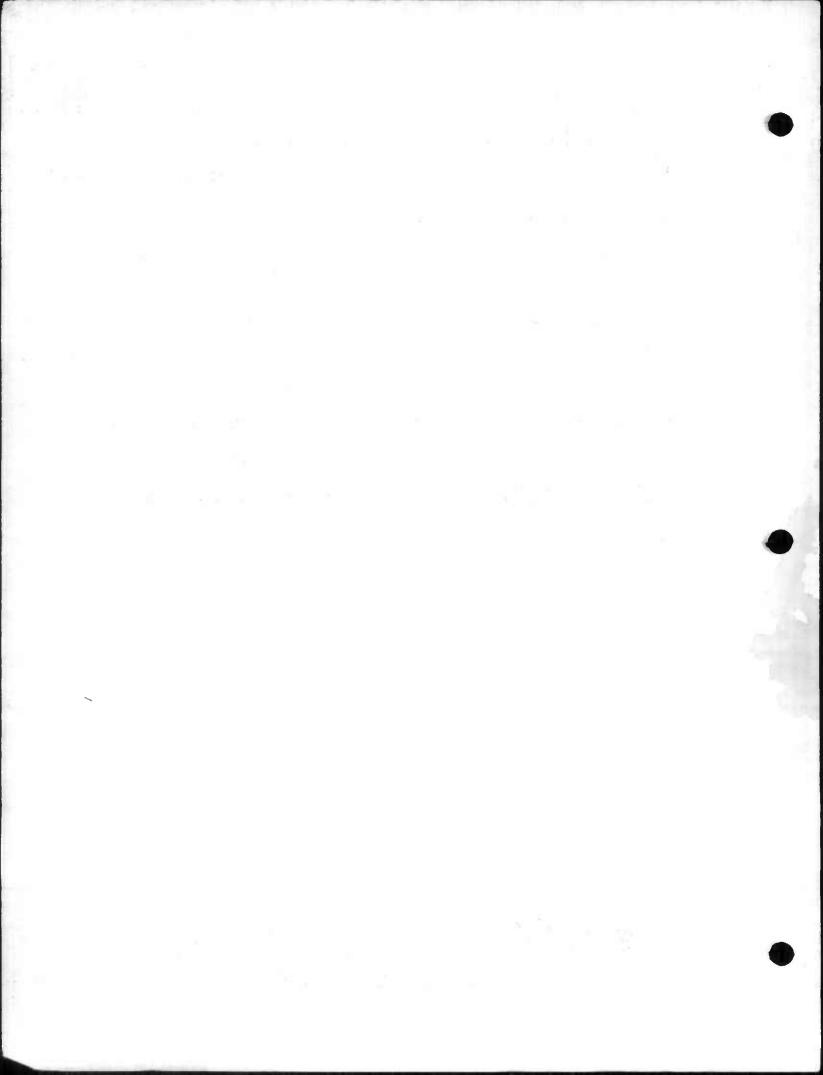
1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end manner as steted.

2 Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s) end menner steted.

29c. License number

281. Location (Street end Number or Rural Route Number, City or Town, Stete)

29d. Dete signed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene

be filed within 72 hours after death with the Maryland Ital Hygiene. ad other than "natural", or frems 23a or 28-4 show event, the Medical Examiner must be notified at	icai	1. Decedent's Name (First, Middle, La CIARENCO IRVI 4a. Facility Name (If not Institution, giv Harford Memo 5. Social Security Number 6. S	N Ting,							2. Date of Do Month 02	Day	Year 97	3. Time of Death
/Medi Exami Funeral Director	icai	4a. Facility Name (If not Institution, giv Harford Meme 5. Social Security Number 6. S	e street and numb										1336
Exami Funeral Director		Harford Memo		er)									
Director		5. Social Security Number 6. S						4b. City, To	wn, or Lo	cation of Deal	th 4c. County	of Death	
Director		5. Social Security Number 6. S	orial Hos	spital				Havre	e de	Grace	I	Harfor	rd
Director			Sex 7.	Age (In yrs.	last birthde		er 1 Year	If Under	24 Hrs.		rth	9. Birthple	ace (State or Foreig
r death with the Maryland tems 23s or 28s-f show		221-22-9297 Usuel Residence of Decedent	X □ M 2□ F	59	Yrs.	Months	Deys	Hours	Min.	8. Date of Bi (Month, Di Sept.	1, 1937	De	laware
r death with the Mary tems 23s or 2ss-f shi	1	10a. State 10b. County		10c. Cit	y, Town or	ocation						10	d. Inside City Limits
r death with the Rems 23a or 28s- er must be noth	5	Maryland C	ecil				D	+ Dan					1 ☐ Yes 2 🗓 No
r death with terns 23s or er must be	Director	10e. Street and Number	ecm		-	101.7	ip Code	t Dep	OSIL		40= Chines of 1	After O - v = 1	-0
r death						101. 2	ip Code				10g. Citizen of 1		ryr
e de	ra	104 Theodore Road						219				S.A.	
	Funeral	11. Maritel Status	12. Wes Decede Armed Force	s?	,S. 13	. Was Dec	edent of ecify Cut	Hispenic Ori pan, Mexicai	igin? (Spe n, Puerto	cify Yes or N Rican, etc.)	o- 14. Rad Blad	e - America ck, White, e	
al', or i	b	1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2] If Yes, Give Yeer or Dete			1□ Yes	2 X) No	Specify:			Specify	v: Wi	nite
72 ho	Completed	15. Decedent's Ed (Specify only highest gra			16a. Dec	edent's Us	ual Occu	pation	t of worki	na	18b. Kind of B		
Bhin	nple	Elementary/Secondary (0-12)	College (1-4d	or 5+)				during mos ed)			Aberdeen	Proving	g Ground
e filed within all Hygiene. I other than 'vent, in Me	Con	Twelve Years		-	En	ginee	ring	Tech	nicia	an	Aberdeen	n, Mai	ryland
of the land	Be	17. Father's Name (First, Middle, Last)						18. Mothe	er's Name	(First, Middle	, Maiden Suman	ne)	
should be find Mental I	To	Edgar	Tingle							Iva	Long		
2 sho	ľ	19a. Informani's Name/Relationship (Type, Print)		19b. Ma	ling Addre	ss (Stree	t and Numb	er or Rura	i Route Numb	per, City or Town,	State, Zip	Code)
alth a 27 ls		Glenna D. Tingle	(Wife)		104	Theod	ore	Road,	Port	Depos	it, Mary	yland	21904
ges 1 and 2 should it of Health and Mer if Hem 27 is marks or other traumatic		20a. Method of Disposition			Placa of Dispanetery, cr	position (N	ame of	2001	T	Date	20c. Location -	City or Tov	vn, State
permit. Peges of Department of Hamportant: If the any Injury or of once.		#QABurial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetlon 5 ☐ Other (Specific		10		-		emete	rv 2/	/8/97	Colora	Mary	vland
orta		21. Signejure of Funeral Service Licen	-					ess of Fecili			001014	,	, 10110
Depariment Important		home who	1	10-1	-						neral Ho	ome	
		23a Part Enter the disease or com	I Clibe	YOUNG	1001	Perry	vill	e, Mar	rylar	nd 219	03-0188		Annualmata
-		23a. Part1. Enter the disease, or com shock, or heart failure. List only	one cause on each	line.	50 1101 0	1101 1110 1110	oc or cy	irig, duoit au	our diac o	i reapiretory e	arrest,		Approximete Interval Between Onset and Death
Physician / Medical	ш	Immediate Cause (Final	^	. 0			1	4.		,		!	
Examiner	ш	disease or condition resulting in death)	a. Hou	le Ke	Spira-	TORY	り	15 TRes	0	ng	me		
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pe tist	Examiner		b	shage	AL	Varac	DAI	Ð/	eedii	19		1	
and and	xar	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying				equence of):			J		į	
be e iclan burie	<u>ea</u>	Cause (Disease of Injury	c. Ciri	rhosi	S								
sete the	dic	that initiated events resulting in death) Last		Due to (o	r as a conse	equenca of	:						
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e de	Physician	Pert II. Other significant conditions or	ontributing to death	but not res	uiting in the	underlying	cause gi	iven in Part I		23b. Dld	tobacco usa co	ntributa to	the cause of death
that the ed by the detache	H _C									1 🗆	Yss 2 No	3 Prob	ably 4 Unknow
Page 1	by											_	
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s be	ple											COIT	npletion of cause leath?
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E E		27. Menner of Death	28a. Dete of ti		28b. Time		28c. Inju Wo				how Injury occur)
ding Ph th. After thi funeral	tlor	1XXNetural 5 ☐ Pending 2 ☐ Accident Investigation	(Month, I	Day Year)	Injury	М		ork?]Yes 2.∐	- 10		,		
Attending r death. ector: After by the fune	llca	3 ☐ Sulcide 6 ☐ Could not be		Injury - At h	ome farm s					28f. Location	(Street and Numb	per or Rural	Route Number
	Certification:	4 ☐ Homicide determined		etc. (Specif		11001, 14010	.,,			City or To	wn, State)		
To the Hospital or Attentwithin 24 hours effer deating the Funeral Director: completely filled in by the		29e. Certifier 1⊠ Certifying Ph	ysician: To the be	st of my kno	wledge, dea	th occurre	at the ti	ime, dete an	d place, a	and due to the	cause(s) and ma	anner as sta	aled.
the H in 24 the Fi plete	edicai	(Check only 2 Medical Examone)	and menner	steted.	non and/or	rivestigatio	п, in my	opinion, dea	tri occurre	ed at the time,	date and place,	and due lo	tne cause(s)
To t To t	Σ	29b. Signature and title of certifier						se number			29d. Dete signe		
		Assendm	D				24	1631			2/41	97	
15		30. Name and address of person Wio o		f deeth /Item	23a) (Tvn4	. Print)					2/4/ luvre de		
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				/ //	17011.13	1,1011	10/121	1-10.	D. FES	,		1 68 Cm	1401)

Sandana 1 1 1 13 - 1 139

			State of Maryland / Department of Health : Certificate of Death				97	05014		
			Decedant's Nama (First, Middla, Last)	_	2. Data of Dea	Reg. No. ath		3. Tima of Death		
	Physic		MILDRED A. TIPPITT		Month Feb.	Day	1997	1:00 pm		
	/Medi Examir			own, or Lo	cation of Death	1	County of Deat			
7	Exami	iei								
	Funeral		5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) If Under 1 Yaar If Under	24 Hrs.	8. Data of Birt	Ke		hpleca (Stata or Foreign		
8	Director		186-07-0299 1 M 2 F 78 Yrs. Months Days Hours	Min.	(Month, Da)		Co	^{untry)} Pennsylvan		
	70		Usual Residence of Decedent		march	_44,	12110	Pellisylvali		
	how		10a. Stata 10b. County 10c. City, Town or Location		10d. Insida City Limits					
	Ma-f	ţ	Maryland Kent Millington					1 Yas XXNo		
	# 28 F	Director	10e. Street and Number 10f. Zip Coda			10g. Citiz	en of What Co	untry?		
	h wil	aic	31729 West Edge Rd. 21651		Т	JSA				
	deat	Funeral	11. Marital Status 12. Was Decedant Evar in U.S. 13. Was Decedant of Hispanic Ori	igin? (Sp	ecity Yas or No-		4. Race - Ama			
21215-0020	within 72 hours after death with the Maryland ane. than "natural", or itema 23e or 28e-f show the Medical Evanine must be incritted at	by Fu	Armed Forcas? If Yas, specify Cuban, Maxicar 1 □ Nevar Married 2 □ Married 1 □ Yas 2 □ No 1 □ Yas 2 □ No Specify: 3 □ Yas, Specify: 1 □ Yas 2 □ No Specify:		Hican, atc.)	3	Black, White Specify: W			
5-0	2 ho	Completed	15. Decedant's Education 16a. Decedent's Usual Occupation			16b. Kin	d of Businass/l	Industry		
218	Pin 7	ple	(Specify only highest grade completed) (Give kind of work done during mos lifte. DO NOT use retired) (Elementary/Secondary (0-12) College (1-4or 5+)	it of work	ing					
2	With the state of	E O	12 Homemaker			Но	memake	or		
pc	be filed within tal Hygiene. d other than event, tre Me	Be		ar's Nam	a (First, Middle,					
la I		TOE	John Quigley Mi.	ldre	d McKe	nzi	6			
Maryland	d 2 should be filed within the and Mental Hygiene. 7 is marked other than traumatic event, the Mental than the		19a. Informent's Neme/Ralationship (Type, Print) 19b. Meiling Address (Street and Numb					Zip Code)		
	P S S		Mary LeCates 1446 S. DuPont I	11777	Pow 3	7 0		D- 10077		
re,	other		Mary LeCates 1446 S. DuPont I 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematery, crematory or other place)	IW Y	Date	20c. Loc	ation - City or	Town, Stata		
E	Page ent o rt: If		1 X Burial 2 Cramation 3 Ramoval from State 4 Donation 5 Other (Specify) Townsend Cemetery	12	-6-97	TOW	nsend.	Delaware		
Baltimore,	permit. Pages: Department of H Important: If its eny injury or of once.		A STATE OF THE PARTY OF THE PAR							
ä	Depa Impo eny it		21. Signature of Funeral Service Licenses of Facility DANIELS & HUT	CHI	SON FU	JNER.	AL HOM	1E		
~	_		212 N. Broad 23a. Part 1. Enter the disease, or complications that payed the death. Do not anter the mode of dying, such as				wn, De			
			shock, or heart failure. List only one ontite on each line.	cardiae	or respiratory ar	rest,		Approximata Interval Between Onsat and Death		
>	Physician /Medical		Immediata Cause (Fine)					Ondat and Dodgi		
	Examiner		disaasa or condition resulting in death)					Several year		
		ē	Dua to (or as a consequance of):							
	be executed sician and burial-transit	Examiner	b. —				i			
-6	cate be executed physician and the burial-transit	Ха	Sequentially list conditions, Due to (or as a consequence of): if any, leading to immediate				į			
68760,	Sicial bun	62	causa. Entar Undarlying Cause (Disease or Injury that Initiated events				1			
587	physicate s the	edical	resulting in death) Last Due to (or as a consequence of):				1			
	ding ding ISB 8	M	d							
Box	eath certific attending p	clar								
0	requires thet the death certifi ween signed by the attending I hould be detached for use as	Physician/Me	Part II. Other significant conditions contributing to death but not rasulting in the underlying causa givan in Part I	l.		/		to the cause of death?		
a	thet the ded by deta		Chronic Duodenel Illeen Bed sore.		10	Yes 2	No 3□Pr	robably 4 Unknown		
ds,	signe d be	d by			24a Was	an autono	24h \	Were autopsy findings		
Ö	v require been si should	ete	Ded sore.		24a. Was	mad?	. 8	avallable prior to		
360	a SC	Completed						of death?		
al F	F age	S			101	/as 252	No 1	I ☐ Yas 2☐ No		
Vital Record	Physician: The this certificate ral director, pag	Be	axaminar	a of Deat	n (Check only o	na)				
of	Physicia this cert al direct	2			ma 5 12 Rasid			cify)		
	m 5 0	Certification:	27. Manner of Death 1 DENatural 5 ☐ Pending 28a. Data of Injury 28b. Tima of Injury Work?		28d. Dascribe h	now Injury	occurred			
Division	Attending ir death. ector: After by the fune	cat	2 Accident Invastigation M 1 Yes 2	No						
Z	her d frect n by	E	3 ☐ Sulcida 6 ☐ Could not be determined 28e. Placa of Injury - At homa, tam, straat, factory, office building, atc. (Specify)		28f. Location (5 City or Tox		Number or Ru	ral Routa Number,		
Ω	ital c									
	To the Hospital or Attending within 24 hours efter death. To the Funeral Director; Afticompletaly filled in by the fun	edical	29e. Cartifiar (Check only Check only (Check only Check only	d piace, th occurr	and dua to tha dead ed et the time.	causa(s) a	ind mennar as piece, and due	steted. to the cause(s)		
	the the	Med	end mannar stated.							
	5 ¥ 5 8	=	29b. Signatura and titla of certifiar 29c. Licensa number	2		29d. Data	signed (Month	n, Day, Year)		
			1616Mem, MD. 02131	5		2/-	5/77			
	8		30. Nama and addrass of person who completed cause of daeth (Itam 23a) (Type, Print)							
			Dr. Wun, 223 High Street, Chestertown, M	ld.	21620					
	Sta		31. Data filed (Month, Day, Year) 32. Ragistrar's Signatura		-					
	Registr	ar	FEB 0 6 1997 his bavidson-Mandelle							

The Sutcheson promised that they wouldn't sign in Sur again.

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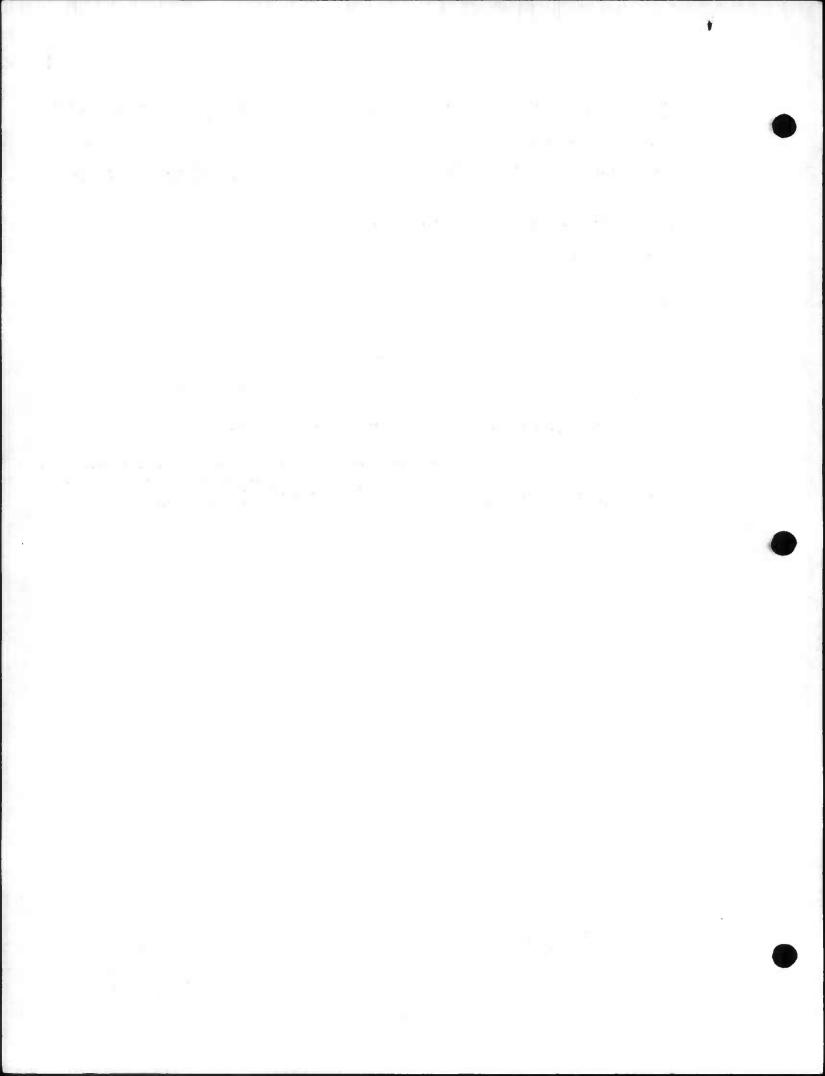
State of Maryland / Department of Health and Mental Hygiene

						Certific	ate of	Death		Re	g. No.				
			Decedent'e Neme (First, Middle, I	ast)	_/	1				2. Dete of Death	1	Vari	3. Time of Death		
	Physic /Medi		Buddy	Wilbur	14	unster	77			January	29 1	997	085 4A		
	/Medi Examir		4a. Facility Nama (If not Institution, g	ive street end number)				4b. City, To	wn, or Lo	ocation of Death	4c. County	of Death	7		
			SHADY GROVE AI	VENTIST HOSE	PITAL			ROCK	/II,T,F	3	MONTO	OMFR'	Y		
	Funeral			Sex 7. Aga (I	n yrs. lest bin	thday) If Un	der 1 Year	If Undar	24 Hrs.	8. Date of Birth (Month, Dey,			lace (Stete or Foreign try)		
	Director		212-54-6585	1⊠M 2□F 4	5	Yrs.	hs Days	Hours	Min.	November	1,1951		rvland		
	P.		Usual Rasidanca of Decedent												
	anylar ahow	14	10a. Steta 10b. County	10	Dc. City, Town	n or Location						10	Od. Inside City Limits		
	M P	9	Maryland Mont	gomery	_		Ga:	ithers	burg				1 ☐ Yes 2 ☑ No		
	th 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Director	10e. Street and Number			10f.	Zlp Code			10	g. Citizan of \	Vhat Count	iry?		
	23 w		10230 Ridgelin	e Drive				208	79		Unit	ed St	ates		
	ep .	Funeral	11. Marital Stetus	12. Was Decedant Eva Armed Forcas?	r in U,S.	13. Was De If Yes, s	cedant of pecity Cul	Hispenic Orl	gin? (Spen, Puerto	ecify Yes or No- Rican, etc.)		e - Amarica			
20	or it	by Fi	1 ☐ Nevar Married 2 ☑ Merried	1 ☐ Yes 2 ☒ No If Yas, Give			2 № No				Specify				
8	72 hours efter death with the Meryland natural', or Itema 23a or 28a-1 show	P	3 Widowed 4 Divorcad	Yeer or Detes:								Wh	nite		
21215-0020	be filed within 72 hours effer death with the Merylan stal Hygiene. I do other than "natural", or items 23a or 28a-f show event, the Medical Examination portion at	Completed	15. Decedant's l (Specify only highest g	Education rede completed)	16a.	Give kind of	work done	during mos	t of work	ing 1	6b. Kind of B	usiness/Ind	ustry		
12	within iene. than	E	Elementery/Secondary (0-12)	Collaga (1-4or 5+)		`life. DO NO									
	Il Hygie other I		10 17. Fathar's Nama (First, Middle, Las	et)	<u> </u>	<u>iquipme</u>	nt Op			(First, Middle, M		struc	tion		
an	Mental I Mental I arked of	Be						TO. WIOLITE	EL S LACTILIC						
2	should b	P		Willis Thur			(0)	Direct Addition to		Mary K.	-				
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	s 1 end 2 should f Health end Men tem 27 is marke other traumatic		Donna S. Thursto 20a. Mathod of Disposition			1230 Ri		ine Dr	ive		burg, M		and 20879		
101	H H		1 ☑ Burlal 2 ☐ Cramation 3	☐Ramoval from Stata	Februa	y, cremetory ary	or other pl	ace)	-	Data	oc. Location -	City of To	MI, State		
tim	tmer tant:		4 Donetion 5 Other (Spec		Gate c	f Heav	en Ce	emeter	у	S	ilver	Sprin	ng, Marylan		
Baltimore,	permit. Peges 1 en Depertment of Heal Important: if item 2 any Injury or other once.		21. Signature of Funeral Service Lio	ey F	uneral H West Mo 20850	lome/									
T_	0.0.5.8.0		Dem 2	Light	M00335	Rockv	ille	, Inc. Mary	1and	West Mo 20850	ntgome	ry Av	enue		
			23a. Part1. Entar the msaas or ou shock, or haart eilura.	ripi cations that causad the y ona cause on each line.	daath. Dor	not antar tha n	node of dy	ing, such as	cardlac o	or raspiratory arre	st,		Approximata Intarval Between		
Y	Physician												Onset and Death		
1	/Medical Examiner		Immediate Cause (Final disaesa or condition	. He	natore	en al	Syn	Drov	ne	- I week					
В	LAGITITICI	L	resulting in deeth)	Du	a to (or as a	consequance	of):					H	10 0		
_	De #	Examiner		S4	20 Sis								19 days		
	te death certificate be executed the attending physician end thed for use as the buriel-transit	хап	Saquentially list conditions, if eny, laading to Immadiata cause. Entar Undarlying	Dur	a (orasa o	consequance	of):			0			0		
68760,	cian cian		Cause (Disaesa or Injury	. A.	dult	Respu	retur	Dist	nee	Synda	ene	1	22 days		
87	ate l	edicai	that initieted avents resulting in daeth) Lest	Due	to (or as e c	onsequence	of):						2.11		
×	ding p	Σ		P	NEUMI	Mia	,			1			24 days		
Bo	ath o	lan		U	-							1			
o O	The law requires that the death cer ate hes been signed by the attendin page 2 should be deteched for use	Physician/	Part II. Other significant conditions	contributing to death but n	ot rasulting in	the undarlyin	g causa g	ivan in Part I		23b. Did tot	oacco use co	ntribute to	the cause of death?		
P.O.	d by		Alcoko	lic Henat	file					1□ Ye	8 2 No	3 Prob	abty 4 Unknown		
Š	ires that signed d be det	by	IVICOR	lic Hepoti							-				
Orc	v require been si should	Completed	Hurert	ention						24a. Was an parform		eva	ra autopsy findings illabla prior to nplation of cause		
ec	hes b	nple	01/1/		-/ /		11 1						death?		
=		Co	Hault	- Unset D	inhet	es 14	ellite	S		1 □ Ya	s 2 No	1 🗆	Yes 2 No		
Vital Records,	Attending Physician: The reath. ector: After this certificate by the funeral director, pag	Be	25. Was casa rafarred to medical axaminar?					-	of Death	(Check only one)		•		
	Physic this or ral dire	ဥ	1 ☐ Yes 2 No	Hospital: 1 Inpatiant	2□ ER/Ou	tpetlent 3 🗆	DOA O	thar: 4□ Nu	irsing Ho	ma 5□Rasidar	nca 6 Oth	ar (Specify)		
Division of	ng P	:00	27. Manner of Deeth 1 XNatural 5 ☐ Pending	28a. Data of tnjury (Month, Dey Ye		lima of njury	28c. Inju	ork?		28d. Dascribe hor	w injury occur	red			
sio	endi eath. or: A the fu	catlon:	2 ☐ Accidant Invastigati			M	1[Yes 2	No			_			
Ž	r Att ter d irect irect	Certific	3 ☐ Sulcida 6 ☐ Could not datamine		- At homa, fa	rm, streat, fac	tory, offica			 Location (Str. City or Town, 		er or Rurai	Route Number,		
	irs ef														
	To the Hospital or Attending Physician: within 24 hours effer death. To the Funeral Director: After this certific completely filled in by the funeral director.	edical	(Check only 2 Medical Exa	hystotan: To the best of meminer: On the basis of axe	y knowledga	, daath occurr	ed at the t	ima, date en	d plece, a	and dua to the ca	usa(s) and me	innar as ste	ated. the cause(s)		
	the H		ana)	and manner stated						oo at tha time, oo	na ono piaco,	and dda to	tia cadoo(o)		
	To To	Σ	29b. Signature and title of bertifier	Sh1 11				sa number	00		d. Date signe				
			- Dein	11.04			D	351	72		Jonva	my 2	7 199 /		
	1	- 1	30. Nama and address of person who	complated cause of deatl	(Item 23e) (Type, Print)	1 - 11	0 0	^	. 1/ /		2	0-0		
	- 1		KEVIN M. GU	M.D. 15	001 D	ofief	Mill	Kosel	Cro	thesby	ng M	D 20	3478		
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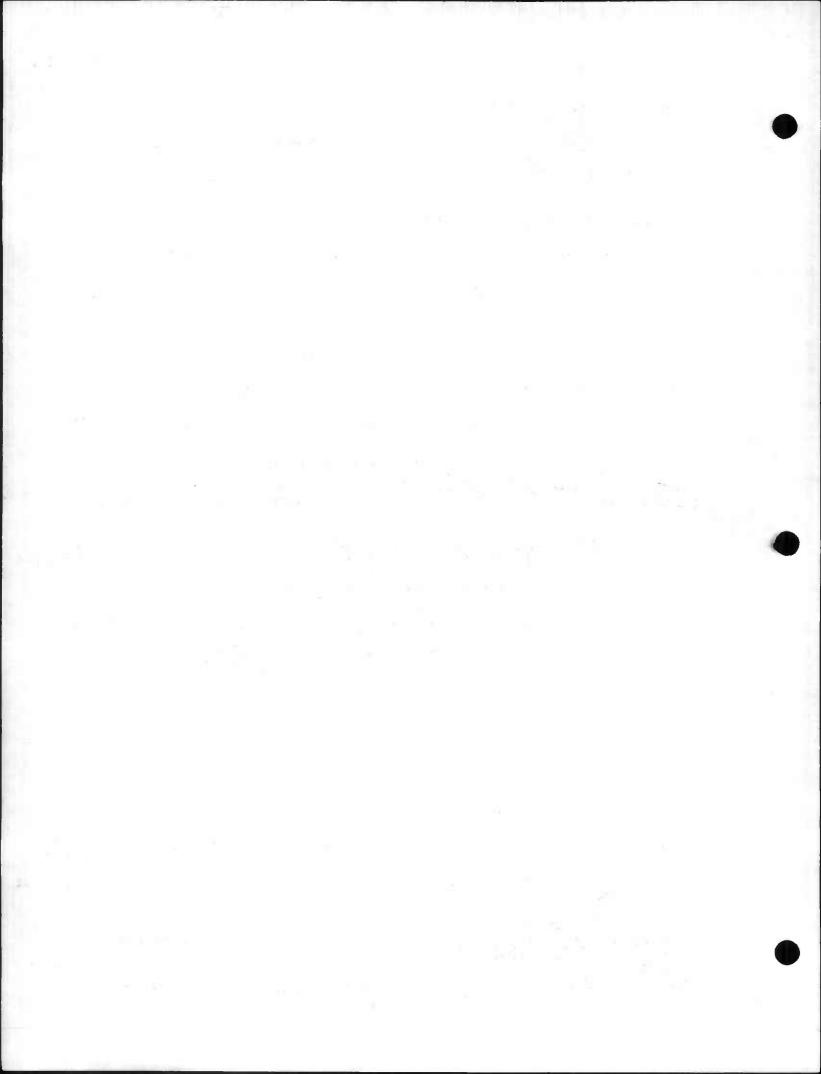
State of Maryland / Department of Health and Mental Hygiene 97

					Certi	ficate of	Death		Reg. No.	, ,	UU	010
	D 1		Decedent's Nama (First, Middla, Last)					2. Data of De	ath	Year	3. Tir	ma of Death
	Physici /Medi		MARSEL C T	UVLN	ER			Fel	O1 19	9	9	845 PA
1	Exami		4a. Facility Nama (If not institution, giva straat and number)			4b. City, Town, or	Location of Daat	h 4c. County	of Death		
			Holy Cross Hospital				Silver	Spring	Mont	tgome	rv	
	Funeral			ga (In yrs. last bii		f Undar 1 Yaar Months Days	if Undar 24 Hrs	8. Data of Bi	rth			tata or Foreign
	Director		220-50-6214 ^{1□ M 2} ♥ F	94	Yrs.	norano Days	110013	Oct. 8	, 1902	Wash	iingt	ton, D.
	p ×	1	Usual Rasidance of Dacedant 10a. Stata 10b. County	10c. City, Tow	m or Loon	ion					4041	
	aho aho	2										da City Limits Yas 2 No
	Ne M	ecto	Maryland Montgomery	Silve	r Spr							140 5 2 140
	£ 6 8	눔	10e. Street and Number			10f. Zlp Coda			10g. Citizen of	What Cou	ntry?	
	ath v	Funeral Director	802 Downs Drive			20904	•		USA			
	er de	n	11. Maritai Status 12. Was Decedant Armed Forcas	?	13. Wa	s Decedant of I as, specify Cub	Hispanic Origin? (S xan, Maxicen, Puar	Specify Yas or No to Rican, atc.)	o- 14. Flac Bia	ce - Amari ck, Whita,		in,
20	72 hours after death with the Manyand natural', or items 23s or 28s-f show diest Examiner must be notified at	by F	1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yas 2 ☑ 1/2 Yas, Giva Yas, Giva Yas, Giva		1□	Yas 2⊠ No	Specify:		Specif	y: 1	Whit	0
21215-0020	"natural", or	쭚			Decedes	t's Usuai Occu			401 101 4 4 1			C
15	n 72	Completed	15. Decedant's Education (Specify only highast grada complated)	108.	(Giva kin	d of work dona	during most of wo	rking	16b. Kind of B	usinass/in	idustry	
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Z	2 should and Men le marke aumatic	F	19a. informant's Name/Ralationship (Type, Print)	198	b. Malling	Addrass (Stree	t and Number or R			Stata Zi	n Code)	
X	and 2		Nancy T. Healey/Daughter			_	ive, Silv					007
ē,	s 1 and 2 should be filed within 72 he I Health and Mental Hyglene. Item 27 is marked other than "natur other traumatic event, the Medical		20a. Mathod of Disposition	20h Piace o	of Dispositi	on (Nama of		Data	20c. Location			
JU0	Pages ient of i		1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify)	l		ory or other pla		016107	A 11.			
Baltimore,			21. Signature of Funeral Service Licensee	ALITH	g LOII	NACLON	al Cem.	2/6/9/	Arlingt	on,	Virg	inia
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			23a. Part 1. Entar tha disaasa, of complications that cause shock, or haart failura. List only one course on each I	with a	Q 4	Trar Cr	ring Ma	basis	2000/		Approx	
	Physician /Medical Examiner	ner	Immediata Causa (Finai disaasa or condition rasulting in daath)	Due to (or as a	consaqua	nce of):	Failu	re			50	and Death Iddey
	od ansit	Examiner	Sequentially list conditions	Dua to (or as a	consequa	nce of):					ye	1
o,	an ar		Sequentially list conditions, if any, leading to Immadiate ceuse. Enter Underlying Causa (Disease or Injury	up h'	lad.	00					ALL	DA PHY
Box 68760,	The law requires that the death centificate be executed tie has been signed by the attending physician and page 2 should be detached for use as the bunal-transit	an/Medical	Causa (Disease or injury that initiated evants rasulting in death) Last	Dualto (or as a	consequar	nce of):				1		
	death he atte ed for	Physician/	Part II. Other significant conditions contributing to death b	out not resulting i	n tha unda	irlying causa gi	van in Part I.	23b. Did	tobacco usa co	entributs t	o the ca	uss of death?
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œ	The lay ate has page 2	E O						1 🗆	Yas 2 No	11	☐ Yas	2 No
ita	iclan: The certificate rector, pag	Be	25. Was casa rafarred to medicel				26. Placa of De	ath (Check only	ona)			
	D 00 Z	To	axaminar? 1 ☐ Yas 2 No Hospital: 1 Inpati	ant 2 ER/Ou	utpatient	3 DOA	har: 4 Nursing I	loma 5 ☐ Rasi	idance 6 Ott	nar (Speci	fy)	
n of			27. Mannar of Death 1 Natural 5 Panding (Month, De		Tima of Injury	28c. Inju	ry at	28d. Dascribe	how injury occur	red		
<u>Ö</u>	C # 12 6	atic	2 Accident invastigation	, , , , , , , , , , , , , , , , , , , ,	,,		Yas 2□No					
Division	는 및 라이	Certification:	3 ☐ Suicida 6 ☐ Could not be datarmined 28a. Piace of in building, at	jury - At homa, fa tc. (Specify)	arm, straat	, factory, office		28f. Location (City or To	Street and Numi wn, Stata)	per or Run	al Routa	Number,
	To the Hospital within 24 hours to the Funeral completely filled	Medical	29a. Cartifier (Check only one) 1 Cartifying Physician: To tha best of Madical Examiner: On the basis of and manner st	of axamination an	a, daath oo nd/or invas	curred at tha ti tigation, in my	ma, data and place opinion, daath occu	a, and dua to tha urred at tha tima,	causa(s) and m data and placa,	annar as s and dua t	stated. to tha car	use(s)
	Within To the Comp	Ň	29b. Signature and title of cartifier			29c. Licans	sa number		29d. Data signe	d (Month,	Day, Ye	iar)
			Men Maa 1	Us		1 7 -	3233:		02	52	0)
			30. Nama and addrass of person who complated causa of c	daath (itam 23a)	(Type Pri	nt)			C11 11	Sus	0	20 1007.
	10		SK GUPTA MAS	9801	Con	main	Aug #	22-10	and	200	702	7
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State of Maryland / Department of Health and Mental Hygiene Q 7

			Item: 8, per F.H. 0	G-744 2/21/97 r	eb (Certificat	e of	Death		Re	eg. No.	1	03011
П			1. Decedent's Neme (First, Middle, La				77		2. Dete of Deet	h		3. Time of Death	
	Physici /Medi		Stavros K.	TSIOLIS						Jan.	29. 1	Yaer	11:30 AM
	Exami		4e. Facility Name (If not institution, giv	re street end number)				4b. City, To	wn, or L	ocation of Deeth	4c. County		
			Prince Georges G	General Hosp	ital			Cheve	rly		Prince	e Ge	orges
П	Funeral		5. Social Security Number 6. 5	Sex 7. Age (Ir	n yrs. lest birth	Months	1 Yaar Days		24 Hrs. Min.	8. Dete of Birth (Month, Dey,			piece (Stete or Foreign
	Director		111-48-3816	IXM 2□F 56	Y	rs.		1,00,0	141111.	May 14,		Gre	
	pus *		Usuet Residence of Decedent 10a. Stete 10b. County	10	c. City, Town	or Location							and feetile the files.
	Sho Sho	ō											10d. Inside City Limits 1 ☐ Yes 2 No
	the A	Director	Maryland Montgon 10e. Street and Number	lery	Derwood				_				/\-
	with with	106. Street and Number 10f. Zip Code 20855									0g. Citizen of W Canada	/het Cou	intry?
	death with the Meryland ma 23a or 28a-f show frinal be notified at	11. Maritel Status 12. Was Decedant Ever in U.S. Armed Forces? If Yes, specify Cuben, Maxican, F									can Indian,		
_		5	11. Maritel Status 1 ☐ Never Married 2 ☑ Married	Armed Forces?	1110,3.	If Yes, spec	cify Cul	oen, Maxicar	n, Puerto	pecify Yes or No- Rican, atc.)		k, White,	
20	irs of	by	3 Widowed 4 Divorced	If Yes, Give		1 ☐ Yas	2 🛛 No	Specify:			Specify:	Wh	ite
21215-0020	within 72 hours efter death with the Merylar ene. than "natural", or fems 23a or 28a-f show na Meolgal Examinet inset be notified at		15. Decedent's Ed	ducetion	16a. D	Decedent's Usua	ei Occu	pation			16b. Kind of Bu	siness/Ir	ndustry
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2	d wit	NO.	6	College (1-401 34)		Restau	rani	teur			Resta	ıran	r
pu	tal Hygi d other event, t	Be	17. Fether's Neme (First, Middle, Last)						r's Nem	e (First, Middle, M			
Va	should be filed withing the Mental Hygiene. marked other then umatic event, tre M	To	Konstantinos Tsi	olis				Mari	tsa	Miliaris	3		
Maryland	d 2 should be filed within and Mental Hygiene. 7 is marked other than traumatic event, trail		19a. tnforment's Neme/Reletionship (Type, Print)	19b. I	Meiling Address	(Stree	t end Numbe	er or Rui	ral Route Number,	City or Town,	Stete, Zij	p Code)
	is 1 and of Health Hem 27 other tr		Charalabos Tsiol	is, Brother	270	06 Pleas	sant	Dale	Rd.	., Vienna	a, Virg	inia	22180
ore			20a. Method of Disposition 1 ☐ Buriei 2 ☐ Cremetion 3 ☐		20b. Ptece of Cometery,	Disposition (Nen cremetory or o	ne of ther ple	ece)		Dete	20c. Location -	City or T	own, Steta
E	Peges ment of i ant: If Its ury or o		4 Donetion 5 Other (Specifi		Gate o	Heave	n Ce	emeter	y, 2	2-1-97	Silver	Spri	ng, MD
Baltimore,	pemit. Peges Depertment of Important: If It any injury or once.		21, Signatura of Futier Service Licen	1500	- /	Nama an				cal Home			
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			23e. Part1. Enter the diseasa, or com shock, or heert feilure. List only	pilcetions that caused the	deeth. Do no	t enter the mod	e of dy	ing, such as	cerdiec	or respiretory erra	ast,		Approximate Interval Between
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	/Medical Examiner		Immediate Ceuse (Finei diseese or condition	Mars	2	ant	n					C	& Downe
	LAGITITICI	-	resulting in deeth)	1 Dug	to (or as a co	nsequence or):		,	_			00	Ad July
	be tis	Examiner		· Duad	ung	Zen	20	lon	6			W	15 April
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Division of	g Phy er thi		27. Menner of Deeth	28a. Dete of Injury (Month, Day Ye	28b. Tir		8c. Inju		.ourg til	28d. Dascribe ho			1 1
Ö	al or Attending Pt s after death. it Director: Alter to ed in by the funera	Certification:	1 □ Neturel 5 □ Pending investigetion	4 49	1 ~ //	A_M		Yes 2 □ I	No	Talls	hom	X	-110-
<u>S</u>		tific	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury building, etc. (S	At home, fem	n, street, fectory	, office			8t Location (6th		r or Au	al Rulte Number
5	rs aft ai Di	Č				PANT SU					ELECTRON SECTION	BRE	NTW663 MJ 20722
	4 hour	edicai	(Check only 2 Medical Exam	ystclan: To the best of my ntner: On the basis of exe	y knowledge, o	deeth occurred or Investigation.	et the ti	ime, dete en	d piece.	end due to the ce	use(s) end mer	nner as a	steted.
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	Med	Orie)	and manner steted.					, 0.0001				
	5 1 V 00		29b. Signature and title of certifier	PW,)	4.4	() 290	Licen	se number	. 1	29	ed. Dete signed	(Month,	Oay, rear)
	_		TIMUL	econ	111	V 16	12	107	/		1-19-	71	
	15:0		30. Name who eddress of person who	completed ceuse of deeth	(Item 23a) (T	ype, Print)	-	F	1	1211/8	10-1	000	m30100
		40	31. Dete filed (Month, Dey, Yeer)	32. Registrat's	Gler	may	las	uls 1	Hu	1411/1	lema	KK11	0
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Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 05018 Amended #5, 2/12/97, GF, Mant. Co. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Month 31, 1997 Toda Chizuko January 11:50 PM /Medical 4a. Facility Neme (If not Institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner 11301 Commonwealth Drive, #102 Rockville Montgomery If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number If Under 1 Yeer 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 2図F Months Days Yrs. -30-5038 71 Director California Usual Rasidence of Decedent the Maryland 10a. State Show 10b. County 10c. City, Town or Location r 28a-f show 10d. Inside City Limits Director 1 ☐ Yes 2√ No Maryland Montgomery Rockville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with an "natural", or items 23s or Wed cal Examiner must be 11301 Commonwealth Drive, #102 20852 USA Funeral daath 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. filed within 72 hours aftar ☐ Yes 2 XNo f Yas, Give 1 Never Married 28 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify þ Specify 3 Widowed 4 Divorced Year or Dates Asian Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 15. Decadant's Education 16b. Kind of Business/Industry (Specify only highest grade completed) than Elementary/Secondary (0-12) College (1-4or 5+) 940 12 Administrative Assistant Federal Government 17. Father's Name (First, Middle, Last) Be 18. Mother's Name (First, Middle, Maiden Surname) Pagas 1 and 2 should be nent of Health and Mental 27 is marked o P Jisanta Ishida Hisayo Takiguchi 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) nt of Health a:: If Item 27 is Kenji Toda / Husband 11301 Commonwealth Drive, #102, Rockville, MD 20852 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 ☑ Cremation 3 ☐ Removel from State permit. Page Department of Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Specify) 2/7/97 Brentwood, Maryland Fort Lincoln Crematory 21. Signature of Foneral Service Licensee 22. Name and Address of Fecility Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue 23a. Part1. Erflar the disease, or complications that its sed the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause or such line. Approximeta Interval Between Onset and Death Physician Immediate Causa (Final disease or condition resulting in death) /Medicai Metastatic Pancreatic Carcinoma 18 months Examiner Due to (or as e consequence of) Examiner Attending Physician: The law requires that the death certificate be executed usa as the burial-tran Sequentially list conditions, if any, leading to immadiata ceuse. Enter Underlying Cause (Disease or Injury Due to (or as a consequence of) P.O. Box 68760, ettending physician Physician/Medical that initiated events resulting in death) Last Due to (or es e consequence of): paga 2 should be deteched Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ Completed 24b. Wera autopsy findings available prior to 24a. Was an autopsy performed? peed complation of ceuse of death? has 1 ☐ Yes 2 ☑ No 1 Yes 2 No director. 25. Was cese referred to medicel examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 El Residence 8 Other (Specify) Hospital 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? Certification: 28b. Tima of 28d. Describe how Injury occurred Aftar 5 Pending investigation 1 Natural
2 Accident daath. 1 ☐ Yes 2 ☐ No To the Hospital or Attenwithin 24 hours after deat To the Funeral Director: 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at tha time, date and place, and due to the ceuse(s) and manner as stated.

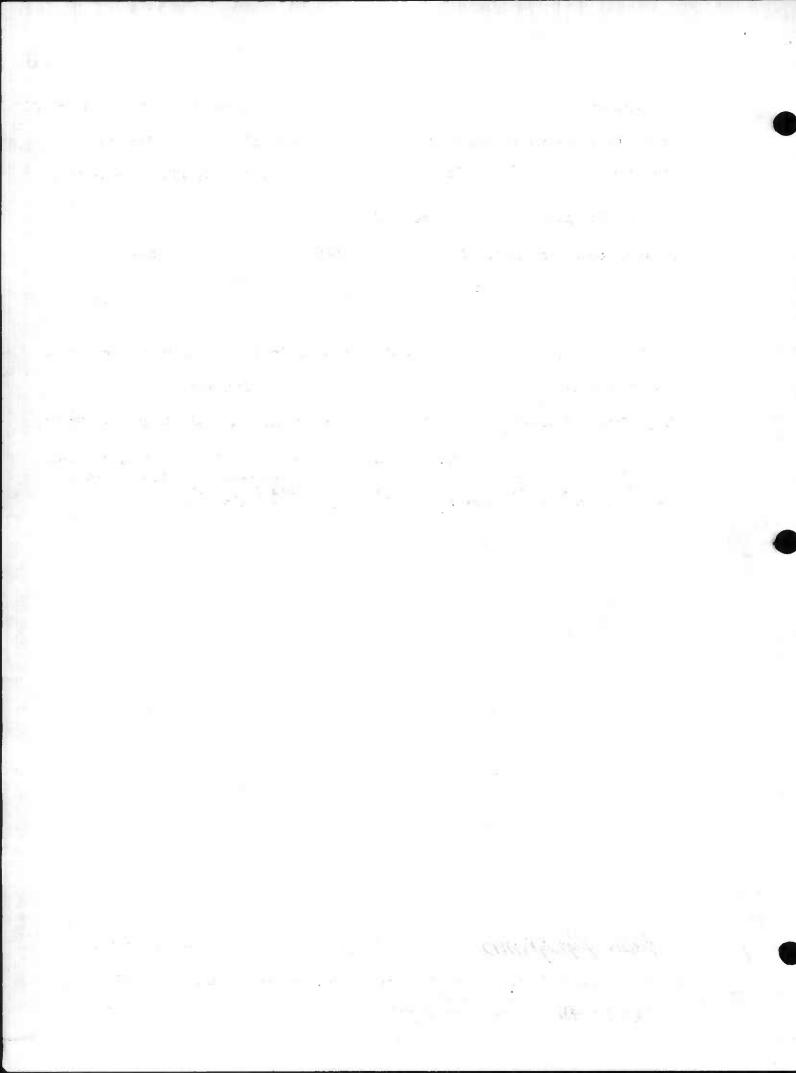
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the ceuse(s) and manner stated. Medical 29a. Certifie (Check only 29b. Signeture end title of certifies 29c. License number 29d. Date signed (Month, Day, Year) D23308 February 3, 1997 30. Nama and address of person who completed ceusa of daath (Itam 23a) (Type, Print) Victor Priego, M.D. 11420 Rockville Pike, #20, Rockville, Maryland 20852

State Registrar 31. Date filed (Month, Day, Yaar)

FEB 0 7 1997

32. Registrar's Signature

Fully Davidson Randolle



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

05019

	Physic		1. Decedent's Name (Fine PEDRO	R .	TAPPAI	N				2. Dete of Deet FERUARY) yeer	3. Time of Deeth 10:45 A.M.
	/Med Exami		4e. Fecility Name (If not	institution, give	e street end numbe	er)			4b. City, Town, or	Location of Deeth	4c. County	of Deeth	
1	- LAUTTI		SPRINGBRO	OK ADV	ENTIST	NURST	NG C	ENTER	STIVER	SPRING	MON	TGOM	ERY
	Funeral Director		5. Sociel Security Numb	er 6. S		Age (In yrs. las			ar If Under 24 Hrs.				plece (Stete or Foreign
	h the Marylend r 28a-f ahow r notified at	2		o. County			Town or Lo	cation				1	10d. Inside City Limits 1 ☑ Yes 2 ☐ No
	Ne M	octo		RINCE	GEORGES	S LAN	MAH						Λ
	th wit	rai Director	9109 6th	STREE	T			10f. Zip Code 2 0 7		1	0g. Citizen of V U . S		itry?
020	or its	by Funeral	11. Maritel Status 1 Never Married 3 Widowed 4		12. Wes Decede Armed Force 1 Tes 22 If Yes, Give Year or Dete	s? ☑ No	i	Vas Decedent of f Yes, specify Co I	of Hispenic Orlgin? (Suban, Mexican, Puert Io Specify:	pecify Yes or No- o Rican, etc.)	Blec	a - Americ k, White, WHI	
5-0	72 hours	eted	15. (Specify or	Decedent's Ed	lucation de completed)		16e. Deced	lent's Usuel Occ	cupetion ne during most of wor ired)	kina	16b. Kind of Bu	slness/ln	dustry
21215-0020	filed within Hygiene. other than *	Completed	Elementery/Secondery		College (1-4c	3f 3+)			ESIGNER	NII I	UPHOLI	DEST	RY
Maryland	0 T 0 A	To Be C	17. Fether's Neme (First		TAPAI	NES				ne (First, Middle, M	Meiden Sumem VENTO	e)	
	alth alth 27 is		19a. Informent's Neme/I		Type, Print) I/SPOUSI	Ξ		g Address <i>(Stre</i> AME AS	net end Number or Ru 10e	ral Route Number	; City or Town,	Stete, Zip	Code)
Baltimore,	0 0		20e. Method of Disposition Buriel 2 □ Cre 4 □ Donetion 5/□	emetion 3 🗆		te cerr	etery, cren	sition (Neme of netory or other p Nationa	olece)		20c. Location -		
Balti	permit. Pag Department Important: I any injury o		21. Signature of Funeral	Service (den	500	200			fress of Fecility FUNERAL W. WASHI				
B	Physician		23a. Pert1. Linter the dis shock, or heart fail	sease, or comp ure. List only o	olications that caus one cause on each	ed the eeth.	Do not ente	ar the mode of d	lylng, such es cardiac	or respiretory erre	est,	1002	Approximete Interval Between Onset end Deeth
ч	/Medical		Immediate Ceuse (Final disease or condition		TNTRAC	TABLE	CON	CESTIV	E HEART	FATTIRE	7	S	SIX WEEKS
	Examiner		resulting in deeth)		6. <u></u>	Due to (or e			L HERRICE	ITILORI			IN WILLIAM
	D #	je			CONGES			IOMYOP	ATHY			2	years
	ocute and trans	Examiner	Sequentially list condition	ons,	b	Due to (or e		-					7
Ó,	e exe	E	Sequentially list condition if any, leading to immedicause. Enter Underlying Cause (Disease or Injury that initiated events	iete	ATHERO	OSCLER	OTIC	CORON	ARY HEAR	T DISEA	ASE	1	0 years
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Records,	law requires es been sign 2 should be	Completed b	RENAL FAI	LURE						24e. Wes er perform	n eutopsy ned?	eva	ere eutopsy findings alleble prior to mpletion of cause deeth?
	iclen: The lav certificate hes rector, page 2	E								1□ Ye	s 2 No		Yes 2□ No
of Vital	ysicient: The la s certificate he director, page		25. Wes case referred to	medical					00 Dian of Day			- ''	J res 2 No
>		To Be	exeminer? 1 ☐ Yes 2 No	-	Hospitel:	·	10	C	Note:	th (Check only on			
	5 5 70		27. Menner of Deeth		28e. Dete of In	itient 2 EF	Bb. Time of	3LI DOA	4 Qq Nursing In	ome 5 Reside			"
Division	Attending P or death. actor: After by the funer	cation	2 Accident	Pending Investigation Could not be	(Month, E	Dey Year)	Injury		☐ Yes 2 ☐ No		winjory occorr		
Divi	or lifter	Certification:	4 ☐ Homicide	determined	286. Place of I	njury - At home etc. <i>(Specify)</i>	, farm, stre	et, fectory, offic	9	281. Location (Sti City or Town	reet and Numbe , Stete)	er or Rure	l Route Number,
	To the Hospital or Attending is within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Medical	29a. Certifier 1 (Check only one)	Certifying Phy Madical Exami	sician: To the bes iner: On the basis end menner:	or examinetion	dge, deeth end/or inv	occurred et the estigetion, in my	time, dete end plece, opinion, death occur	end due to the ce red et the time, de	use(s) and mer ate end pleca, e	nner es st end due to	eted. the cause(s)
	To the To the comp	Σ	29b. Signature and Hilley	t certifie				29c. Lice	nse number	29	d. Dete signed	(Month,	Dey, Year)

29b. Signature

29c. License number

29d. Dete signed (Month, Day, Year)

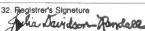
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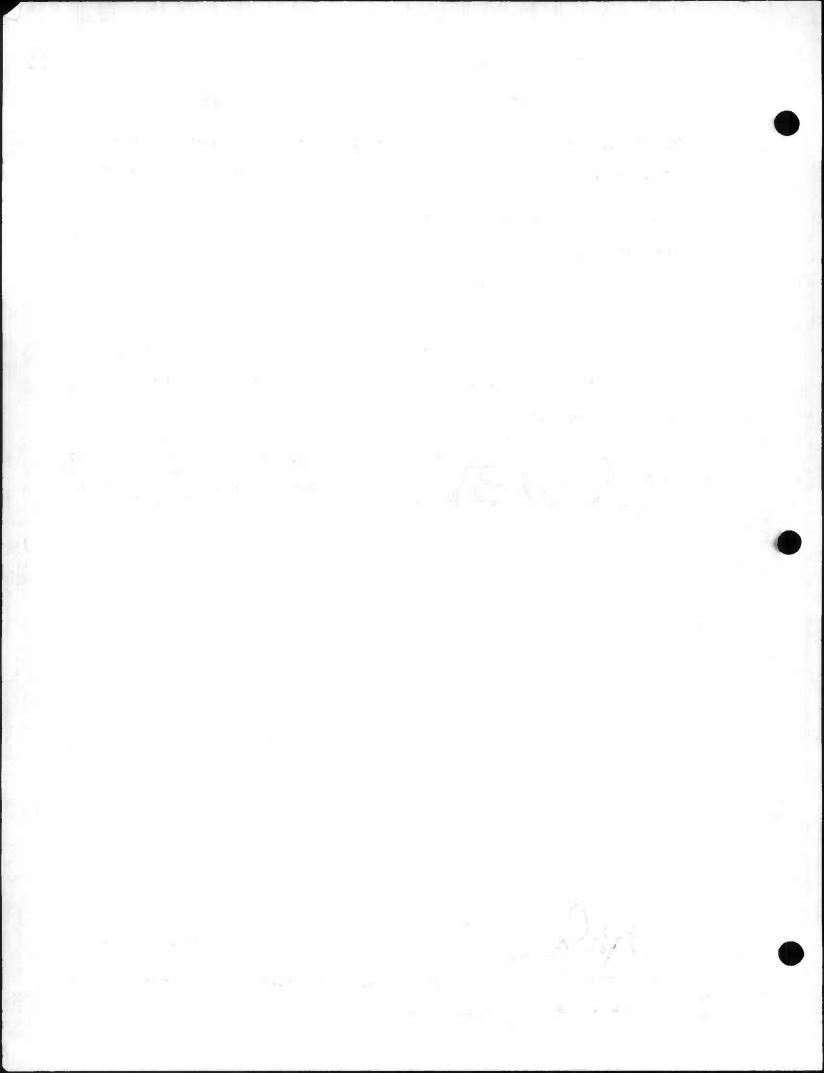
FEB. 6, 1997

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

ASIF S. QADRI, M.D. 4700 BERWYN HOUSE RD. #100 COLLEGE PARK, MD. 20740

State Registrar 31. Dete filed (Month, Dey, Year) FEB 0 7 1997

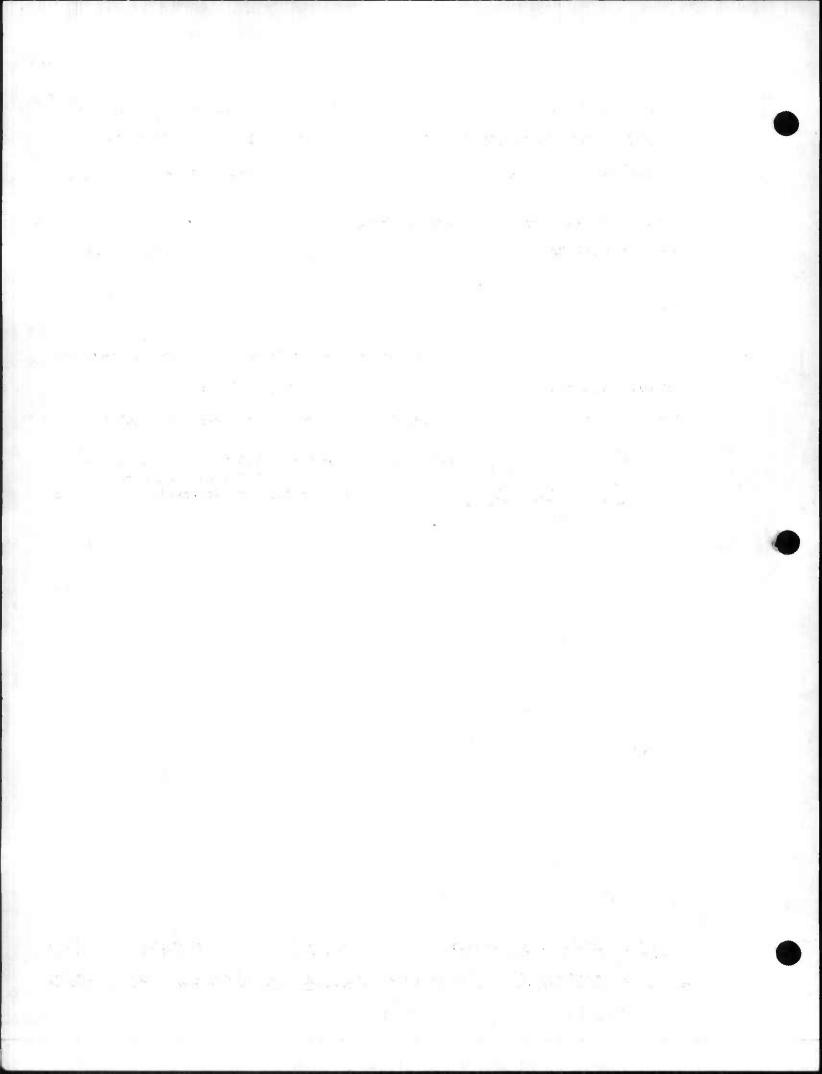




State of Maryland / Department of Health and Mental Hygiene 97

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					Cei	rtificate	of L	Death		Reg. No.		
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Examiner	4	e. Fecliity Neme (If not institution					41	o. City, Town, or		1 1 1	County of Dee	
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uneral rector		506-30-2024	6. Sex 1□ M 2□ F 7. Ac	n (In yrs. Ias 70	t birthday) Yes.	If Under 1 Months	Days	If Under 24 Hr Hours Min		Serth Day, Year) 1926	9. Birth Cour Minne	place (Stete or Foreign htry) 25012
show sd.st	- 900	0a. State 10b. County		10c. City, 7	Town or Lo	cation						Od. Inside City Limits
incitied at		Md. Montg	omerv	Gai	thers	bura						1□Yes 2□No
niner must be notified Funeral Director	1	0e. Street and Number		oaz	chero	10f. Zip 0	ode			10g. Citi	ten of What Cour	stry?
iner must be a		1008 Stedwick	Rd. #202			10	20	879		Uni	ted Stat	es
Der III	1	1. Marital Status	12. Was Decedent Armed Forces?	Ever in U.S.	13.1	Vas Decede	nt of His	panic Origin? (1 , Mexican, Puer	Specify Yes or h	Vo- 1	14. Race - Americ	
by		1 ☐ Never Married 2 ☐ Marrie 3 🛱 Widowed 4 ☐ Divorced	ad 1 ☐ Yes 2 ☑ If Yes, Give Year or Dates:		1 100	(□ Yes 2)			to recent, sec.)		Black, White, Specify: WI	nite
dical		15, Decedent' (Specify only highest	s Education (grade completed)	- 13	16a. Deced	ient's Usual	Occupat	tion uring most of we	dino	16b. Kir	nd of Business/In	dustry
rt, the Medical.		Elementary/Secondary (0-12)	College (1-4or)		life. I	DO NOT USE	retired)		100	1 3		
F O	-	7 Followin Marin William Miles I	4		Admin	istra		Assist			eral Gov	rnment
ave a		7. Father's Name (First, Middle, L						18. Mother's Na	100		Sumame)	
To		Harold Engstr		-					ha Borg			
To E		David E. Tabor	ip (Type, Print)							-	Town, Stete, Zip. d. 20879	
the	2	Da. Method of Disposition							Date	_	cation - City or To	
		1 ☐ Burial ② Cremation				sition (Name natory or oth						
in a	-	4 □ Donation 5 □ Other (Sp 21. Signature of Funeral Service-L	//	Metr		tan Ci			2/5/97		andria,	Va.
any Injury once.		· 41 C	7 (/						DeVol F			id. 20877
	+	23a. Part1. Enter the disease for on shock, or heart failure. List of	m. The	the death							sourg, r	Approximete
dician edical niner	10	mmedlete Ceuse (Finel disease or condition esulting In death)	. Acque	Due to (or ex	regressed seal	nafre uence of):	um	eshers	syndl mel-es	wone	emz l	ileeks
ts the burial-transit edical Examiner	000	Sequentielly list conditions, if eny, leeding to immediate euse. Enter Underlying couse (Diseese or Injury	6	Due to (or ea	s e conseq	uence of):				1/		
Se din	r	het Initieted events esulting In deeth) Last	d.	Due to (or es	e consequ	uence of):						
foru												
S S	P	ert II. Other significant condition	s contributing to death be	ut not resultir	ng in the ur	nderlying cau	ise give	n in Pert I.	23b. Die			the cause of death?
	-								10	Yes 2	No 3□ Pro	bably 4 Unknown
									24a. We	s an eutop	sy 24b. W	ere autopsy findings
page 2 should	-									formed?	sv co	elleble prior to mpletion of cause
Comp										1400		deeth?
Be Co	2	5. Wes case referred to medical						ne Di			No 1E	Yes 2□ No
- U	1	exeminer?	Hospital:	nt 2DED	/Outpetien	3□ DOA	Other	28. Plece of De			☐Other (Specif	
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cation		1 Neturel 5 Pending 2 Accident investiga	ition	rear)	Injury	M		es 2 No				
à 🖺		3 Suicide 6 Could no determine	28e. Pleca of Injuded	ury - At home c. (Specify)	, ferm, stre	et, fectory,	office		28f. Location City or To	(Street end own, State)	Number or Rure	l Route Number,
	2	9e. Certifier (Check only one) Certifying	Physician: To the best of xaminer: On the basis of end menner ste	exeminetion	dge, deeth end/or inv	occurred at estigetion, Ir	the time	, dete end plece nion, deeth occ	e, and due to the urred et the time	e ceuse(s) e, dete end	end menner es s place, end due to	tated. the cause(s)
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/iviedic Examin		4a. Facility Name						4b. City, Town, o		-	4c. County		7:10 P.
-Auttini		Carrott	County	Memorial	Hospi	tal		Oakl	and			arret	t
uneral		5. Social Security		6. Sex	_	rs. last birthday)	If Under 1 Year		-	ate of Birth			
rector		213-18-	0923	X □M 2□F	88	Ven	Months Days	Hours M	r. Fe	Date of Birth Month, Day, b. 20,	1908	Mary	place (State or Forei ntry) Land
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Pag.	ō	MD		Garrett		Friend	sville						1 □ Yes 2 N
non	Director	10e. Street and No	umber				10f. Zip Code		-	16	0g. Citizen of	What Cour	Nav?
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	era	11. Maritai Status	ite Rock		cedent Ever In	U.S. 13.			(Specify	Yes or No-	14. Bec	e - Americ	ean Indian
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H H	Bec	17. Father's Name	(First, Middle, L	ast)			A 24-1 1 W. fe	18. Mother's N	ame (Fir	st, Middla, N			
o c	To E	George	Jackson	VanSick:	le			Delia	Mae	Kelle	v		
e L		19a. Informant's N				19b. Mailir	ng Address (Street					State, Zip	Code)
r tra		Flossie	VanSick	cle, Wife	9		White Ro						.531
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State

Registrar

JAN 2 9 1997

REPORT AND A SERVICE TO BE A CONTROL OF THE STATE OF

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Death Month Year **Physician** Lillian May Vermillion February 6 1997 11:00 pm /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Lexington Park St

| Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth
| Months | Davs | Hours | Min. | (Month, Dey, Year) Bayside Nursing Center St. Mary's 5. Sociei Security Number 7. Age (In vrs. last birthday) **Funeral** 1 ☐ M 2 🖾 F Months 82 Yrs. 218 74 6866 Director Dec. 22, 1914 Wash., DC Usuel Residenca of Decedent death with the Meryland 10e. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limita 7 is marked other than "natural", or itema 23e or 28e4 show traumatic event, the Medical Examiner must be notified at MD St. Mary's Director Lexington Park 1 Yes 20 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 1500 Great Mills Road 20653 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American indian, Black, White, etc. 11 Maritai Status 72 hours after 1 ☐ Yes 2 ☑ No If Yee, Give Yeer or Dates: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: white Àq 35 Widowed 4 □ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b Kind of Business/Industry ified within 7 I Hygiene. Elementary/Secondery (0-12) Collage (1-4or 5+) permit. Pages 1 and 2 should be filled with Department of Health and Mental Hygient important: if Item 27 is married other that any injury or other traumests. house wife own home 17. Fethar's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Robert Leonard Walker Vivian 2 19e. informent'a Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Florence M. Curtin/daug. 1721 Edinburgh Lane, Dunkirk, MD 20754 20b. Plece of Diaposition (Neme of cemetery, crematory or other plece)
Epiphany Epis. Cemetery 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 2-10-97 Forestville, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licansee 22. Name and Address of Facility Rausch Funeral Home, Owings, MD Uczn 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximete Interval Betwe Onset and Deeth **Physician** immediete Ceusa (Finai disease or condition rasulting in daath) /Medical Examiner Due to (or es a consequence of): Physician/Medical Examiner burial-transit The lew requires that the death certificate be executed Sequantially list conditions, If eny, leeding to immediate cause. Enter Underlying Cause (Diaeese or injury that initiated events resulting in deeth) Last and Dua to (or aa e consequence of): Records, P.O. Box 68760. ettending physician for use as the buria Due to (or es a consequence of) USB as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 3 Probably 4 Unknown signed by by 8 24b. Were autopsy findings available prior to complation of cause of death? Scabelle Melletus Performed? Completed peen hes page 2 certificate Division of Vital To the Hospital or Attending Physician: within 24 hours efter deeth.

To the Funeral Director: After this certifica completely filled in by the funeral director; p 25. Wes case referred to medical examiner? Be 26. Piaca of Deeth (Check only one) 2 1 No Other: 10 1 Yes 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3□ DOA 27. Mannar of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Medical Certification: 28c. injury et Work? Naturei 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At homa, ferm, street, fectory, office building, etc. (Specify) 4 ☐ Homicide Cartifying Physician: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) end mannar as stated.

2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, daeth occurred at the time, date end piece, and due to the cause(s) end mannar stated. 29e. Certifier (Check only 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 5 Leonar (Town, MD 30. Nema end eddrage of pe Dr. Boyd 31. Data filed (Month, Dey Year) 32. Registrar's Signeti State FEB Registrar 1997 Tin Davidson Randall

State of Maryland / Department of Health and Mental Hygiene 05023 Certificate of Death 1. Decadant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month Day February 5, 1997 **Physician** DOROTHY JACKSON VALACHOVIC 7:30 A.M. /Medicai 4a. Facility Nama (If not institution, give straat and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner Silver Spring Montgomery

| Houndard Year | Hours | Min. | Month, Day, Year) | Mar. 26, 1919 | Mashington, D.C 3376 Chiswic Court, Apt. 3B 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthdey) **Funeral** 1 ☐ M 2 ☐ F 77 577-14-6897 Director Usual Rasidance of Decedent the Maryland 10a. Steta 10b. County 10c. City, Town or Location a or 28a-f show show 10d. Insida City Limits Director 1 ☐ Yes 2 No Maryland Silver Spring Montgomery 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of Whet Country? death with 7 is marked other than "natural", or items 23a traumstic event, the Medical Examiner must be 3376 Chiswic Court, Apt. 3B 20906 USA Funeral 12. Was Dacedant Evar in U.S. Armed Forcas? 11. Maritel Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Reca - Amarican Indian permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If them 27 is marked other than "natural", or iten any Injury or other traumatic event, the Medical Examines once. Black, Whita, etc. 1 Navar Married 2 Married ☐ Yes 2 Yes, Giva 2 X No Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: λq Specify: 3 Widowad 4 Divorced White Yaar or Detes: Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grade complated) 16b. Kind of Business/Industry Collega (1-4or 5+) Elamantary/Secondary (0-12) 12 Secretary Department of Commerce 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maldan Surnama) Be Frank H. Jackson Ray Fisher Jackson 2 19a. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 106 Mountain Road, Unit 3A, Glen Burnie, MD Joseph John Valachovic/Son 20b. Place of Disposition (Nama of cametery, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 🖾 Crametion 3 ☐ Ramovai from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Fort Lincoln Crematory 2/7/97 Brentwood, Maryland e at A 22. Name and Addrass of Facility Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue Silver Spring, Maryland 20904 Part1. Entar tha disaasa shock, or haart failura. Sist in iplications that causad tha daath. Do not entar tha moda of dying, such as cardlec or respiratory errest, on a causa on aech lina. Approximete Intarval Between Onsat and Death Physician /Medical LUNG CANCER Lyears disease or condition resulting in death) Examiner Examiner Saquentially list conditions, if any, laading to Immadiata causa. Entar Undarlying Causa (Disaasa or Injury that Initiated evants rasulting in deeth) Lest Dua to (or as a consequance of): and The law requires that the death certificate be execu bunal-tri Box 68760, physician Physician/Medical tha Due to (or as a consequance of): signed by the attending d be detached for usa as P.O. Part II. Other significant conditions contributing to death but not rasulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown Division of Vital Records, þ Completed 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? peed this cartificate has 2 No 1 Yas 1 ☐ Yes 2 ☑ No or Attending Physician: Be 25. Was casa referred to medical 26. Piaca of Death (Check only ona) axaminar? 1 Yas 2 No Othar: 4 ☐ Nursing Home 5 ☐ Rasidance 6 ☐ Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Mannar of Death 28a. Data of Injury (Month, Dey Year) Certification: 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? After 1 Natural 5 Panding death. 1 Yes 2 No 4 hours after death uneral Director: / 2 Accident investigation filled in by the 3 Suicida 6 Could not be dataminad 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida To the Hospital
within 24 hours a
To the Funeral E
completely filled Hospital Medical 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Cartifiar 29b. Signature and titla of certifier 29c. License number 29d. Data signed (Month, Dey, Year) 30 Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print) Ferrara Dr. Wheaton, mp 20906 Sherer mD 31. Data filed (Month, Dey, Year) 32. Registrar's Signatura State whia Davidson FEB 0 6 1997 >

DHMH 16 Rev 6/95

Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 05024 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** Month Yeer 4:40 AM Marshall Wilson 28,1997 Jan /Medical 4e. Facility Neme (If not institution, give straet end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 62 Kreuse Court Aberdeen Harford 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Dey, Year) Birthplaca (State or Foreign Country) **Funeral** 1X M 2□ F Days Yrs Director 214-40-0518 53 Nov 7,1943 Maryland Usual Residence of Decedent 10e Stete 10b County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itams 23a or 28a-f show traumatic evant, if a Madical Examinar must be notified at Yes 2 No Director Harford Aberdeen 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 62 Kreuse Court 21001 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☑XYes 2 ☐ No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indian, Bleck, White, etc. 72 hours after 1 Never Married 25 Married Baltimore, Maryland 21215-0020 1 ☐ Yes ZENo Specify: þ 3 ☐ Widowed 4 ☐ Divorced Specify: Black Completed 15. Decedent's Education 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grede completed) I Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) 12th merked other 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) permit. Peges 1 and 2 should be 1 Department of Health end Mental I Important: If Item 27 is marked of any Injury or other traumatic eva Thomas Jefferson Wright Mary E. Wilson 19e. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Arlene Wilson/wife 62 Kreuse Ct. Aberdeen, MD 21001 20b. Plece of Disposition (Nema of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete Date 1 Buriel 2 □ Cremetion 3 □ Removel from Steta 4 ☐ Donetion 5 ☐ Other (Specify) Berkley Cemetery 2-4-97 Darlington, MD 21. Signature of Funeral Beard Funeral Home 552 Lewis Street Havre de Grace, Maryland 21078 ease or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, results only one cause on each line. Approximate interval Between Onset end Death Physician /Medical Immediate Ceuse (Finel Wasting disease or condition resulting in death) Examiner that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseesa or Injury that Initiated events resulting In death) Lest pue 1044, Box 68760. Linnung Physician/Medical Due to (or es e consequence of) P.O. 1 Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Hypertension, Conoran Artery Disease signed b Records, Completed by 24b. Were eutopsy findings available prior to completion of cause of death? 24e. Wes en eutopsy Congestine Heart Falluse 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, t Be 25. Wes case referred to medical examiner? 26. Plece of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Certification: To 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Menner of Deeth 28c. Injury et Work? 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 1 Natural 2 Accident 5 Pending Investigation 1 Tyas 2 No 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29d. Data signed (Month, Day, Year)

State Registrar

29a Certifier

29b. Signeture end title of certifier

31. Date filed (Month, Day, Year)

Medical

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 32. Registrar's Sign are

MO

Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 05025 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Deeth 3. Time of Death Month TON GEORGE WIEGS 0740 97 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth SALISBURY If Under 24 Hrs. 8. Data of Birth (Month, Dey, Year) PENINSULA REGIONAL MEDICAL CENTER WICOMICO 5. Sociel Security Number If Under 1 Year Months Days 6. Sex 7. Aga (In yrs. lest birthday) Birthpiece (State or Foraign Country) 12 L 2 F Days 411-20-4469 76 06/10/1920 TENNESSEE Usuel Residence of Decedant 10e. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 Yas 2 No MARYLAND SOMERSET PRINCESS_ANNE 10e. Street and Number 10g. Citizen of Whet Country? 10f. Zip Code PO BOX 93 21853 U.S. 12. Was Decedent Ever In U,S. Armed Forcas? 1 Yes 2 ☐ No 1 Yes, Giva 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - American Indian, Black, Whita, atc. 1 Never Merried 2 Merried 1 Yas 2 No Specify: Specify: 3 Widowed 4 Divorcad Yeer or Datas: WWTT WHITE 15. Decedent's Education 18e. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highast grade completed) Elementary/Secondery (0-12) College (1-4or 5+) NURSERYMAN LANDSCAPING

Physician /Medical Examiner

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Be

17. Father's Neme (First, Middla, Last)

GEORGE W. WIGGS

20a. Method of Disposition

VIRGINIA WIGGS/WIFE

19e. Informent's Neme/Reletionship (Type, Print)

Burial 2 Cremetion 3 Removal from Stete

Funeral

Director

rithen "natural", or items 23s or 28s-f ahov the Medical Examiner must be notified at

death with the Meryland

filed within 72 hours after

I Hyglene.

altimore, Maryland 21215-0020

physician and Records, P.O. Box 68760 certificate be for use as ed by the e been signed by t should be detact haa Division of Vital this After death.

permit. Peges 1 and 2 should be filed v Department of Heelth and Mental Hygles Important: If item 27 is marked other th any injury or other traumatic event, the once. 4 ☐ Donetion 5 ☐ Other (Specify) BEECHWOOD CEMETERY 02/08/97 PRINCESS ANNE, MD. 21. Signature of Funaral Sarvice Licensee 22. Name and Address of Facility
HINMAN FUNERAL HOME 11673 SOMERSET AVENUE, PRINCESS ANNE. M00295 GENES J. HERNER art 1. Enter the disease, or complications that caused the deeth. Do not antar the mode of dying, such as cardiec or respiratory errest, hock, or heart failure. List only one cause on each line. fmmediete Ceuse (Finei COPP disaesa or condition resulting in deeth) Due to (or es e consequença of) Examiner Sequentielly list conditions, if any, leeding to Immadiate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last Due to (or es a consequenca of): Physician/Medical Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. AfRIAL to bRILLATION 2 Completed 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 ☐ Yes No DOA 2 □ ER/Outpatient 3 □ DOA filled in by the funeral 27. Menner of Death 28a. Dete of injury (Month, Dey Year) 28c. Injury at Work? 28b. Time of Certification: Naturel 5 Pending Investigation 1 Yes 2 No Hospital or Attendi 24 hours after death. Funeral Director: A 2 Accident 3 ☐ Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 | Homicide To the Hospital within 24 hours a To the Funeral Completely filled Certifying Phyeician: To the best of my knowledge, deeth occurred at the tima, date and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifie edical (Check only one) 29b. Signetura and title of certifie 29c. Licensa number

23b. Did tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown

24e. Was an eutopsy performed?

24b. Were autopsy findings avellable prior to completion of cause of death?

MD. 21853

Approximata Intervel Between Onset end Deeth

YEARS

25 N

18. Mother's Neme (First, Middle, Maiden Surname)

Date

21853

20c. Location - City or Town, Stete

PEARL SONS

PO BOX 93, PRINCESS ANNE, MD.

20b. Place of Disposition (Neme of cametery, cremetory or othar placa)

19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)

28d. Describe how Injury occurred

560 RIVERSIDE

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

D36576

29d. Date signed (Month, Day, Year)

SALISBURY MID

30. Neme end eted ause of deeth (Item 23a) (Type, Print)

TRAVITZ MD CONMED

FEB 1 0 1997 State Registrar

Julia d'auchar hardell

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

05026 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death Month **Physician** Yaai Daniel Mahlon. Wolfe February 8, 1997 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Citizens Nursing Home Frederick Frederick If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Day, Year) 5. Social Sacurity Number If Under 1 Yaar 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Days 1₩ M 2□ F 88 Vrs Director 219-20-2874 January 7, 1909 Maryland Usual Residence of Decedent with the Maryland 10e. Stele 10b. County 10c. City. Town or Location than "naturel", or items 23a or 28a-f show the Medical Examiner raist be notified at 10d. Inside City Limits Director 1 ☐ Yes 2 ☑ No Maryland Frederick Myersville 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? 4611 Fishers Hollow Road 21773 USA death Funeral 12. Was Dacedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. filed within 72 hours efter I ☐ Yes 2 No 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: py Specify: 3 ₩idowed 4 Divorced White Year or Datas: Completed 16e. Decedent's Usual Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if item 27 is marked other than any injury or other traumatic event, the Medical Sofice. Elementary/Secondary (0-12) College (1-4or 5+) Mechanic Automobile Dealer 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Daniel Webster Wolfe Cora Elizabeth Baker 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zlp Code) 8919A Hawbottom Road, Middletown, MD 21769 Hôpe Horseman 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donetion 5 ☐ Other (Specify) 2-11-97 Harmony Cemetery Harmony, Maryland 21. Signature of Funeral Sarvice Licensee 22. Name and Address of Facility 504 Main Street Myersville, MD Ricketts Funeral Home 23a. Part1. Enter the Isease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart future. List only one cause on eech line. ett 21773 Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final hula Vasca (a) Discuso disease or condition resulting in death) Examiner Examiner The law requires that the death certificate be executed the bunal-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or as a consequence of) for use es Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by the 3 Probably 3 Unknown 1 Yes 2 No Š director, page 2 should be Completed 24a. Was an eutopsy performed? Were autopsy findings available prior to completion of cause of death? this certificete has 2 10 No 1 ☐ Yes 2 ☐ No Hospital or Attanding Physician: 24 hours after death. 25. Was case referred to medical Be 26. Place of Death (Check only one) examiner? 2 1 Yes Other: 1 ☐ Inpatient 2 ☐ ER/Outpalient 3 ☐ DOA Waltursing Home 5 ☐ Residenca 6 ☐ Other (Specify) funeral 27. Manper of Geeth Certification: 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After Natural 5 Pending 1 Yes 2 No after death 2 Accidant investigation the 6 Could not be determined 3 Sulcide 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) filled in by 4 Homicide To the Hospital within 24 hours a To the Funeral Completely filled 29a. Certifier Medical Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mennar as stated. Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end place, end due to the cause(s) end menner stated 29b. Signature and title of certifier 29c. License number 29d. Date signed /Month 30. Name and address of person who cor m 23a) (Type, Print) Casper E. Cline, M.D., 300 West Ninth Street, Frederick, Maryland 2170
31. Date filed (Month, Day, Year) 32. Registrar's Signature State Jalik Stevilson Rankell Registrar

DHMH 16 Bev 6/95

ALC: THE PERSON NAMED IN

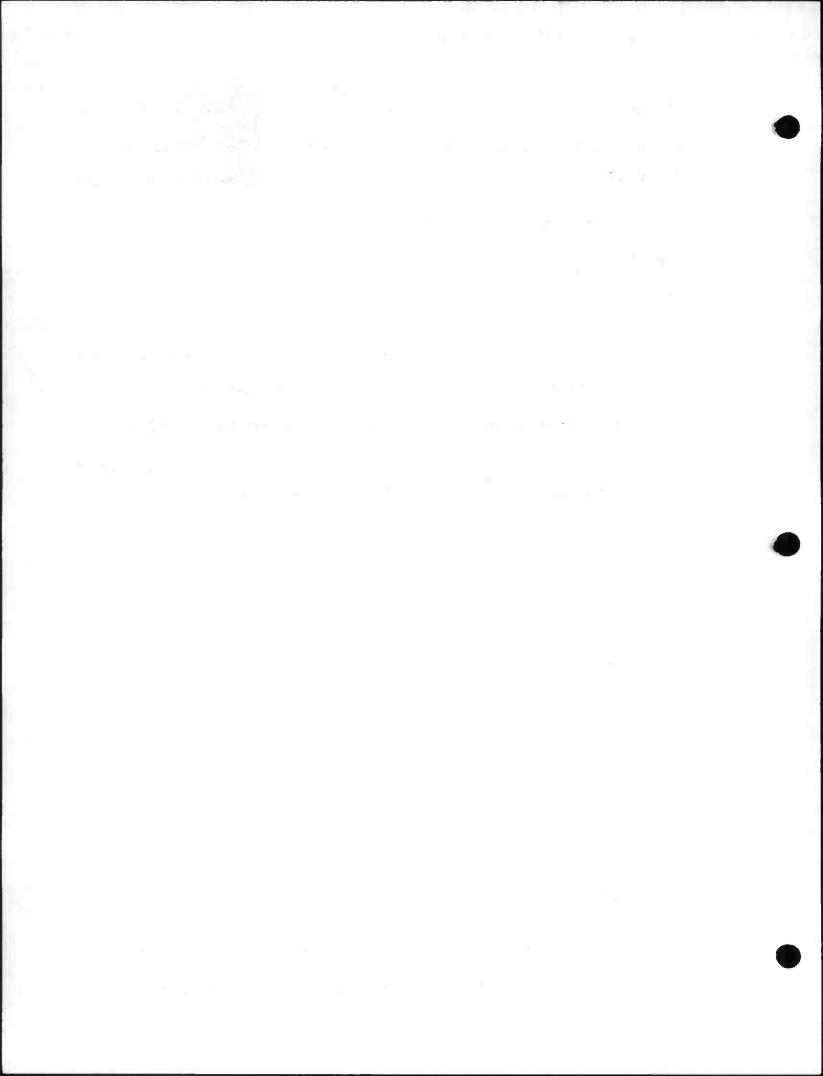
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State of Maryland / Department of Health and Mental Hygiene 97 05027

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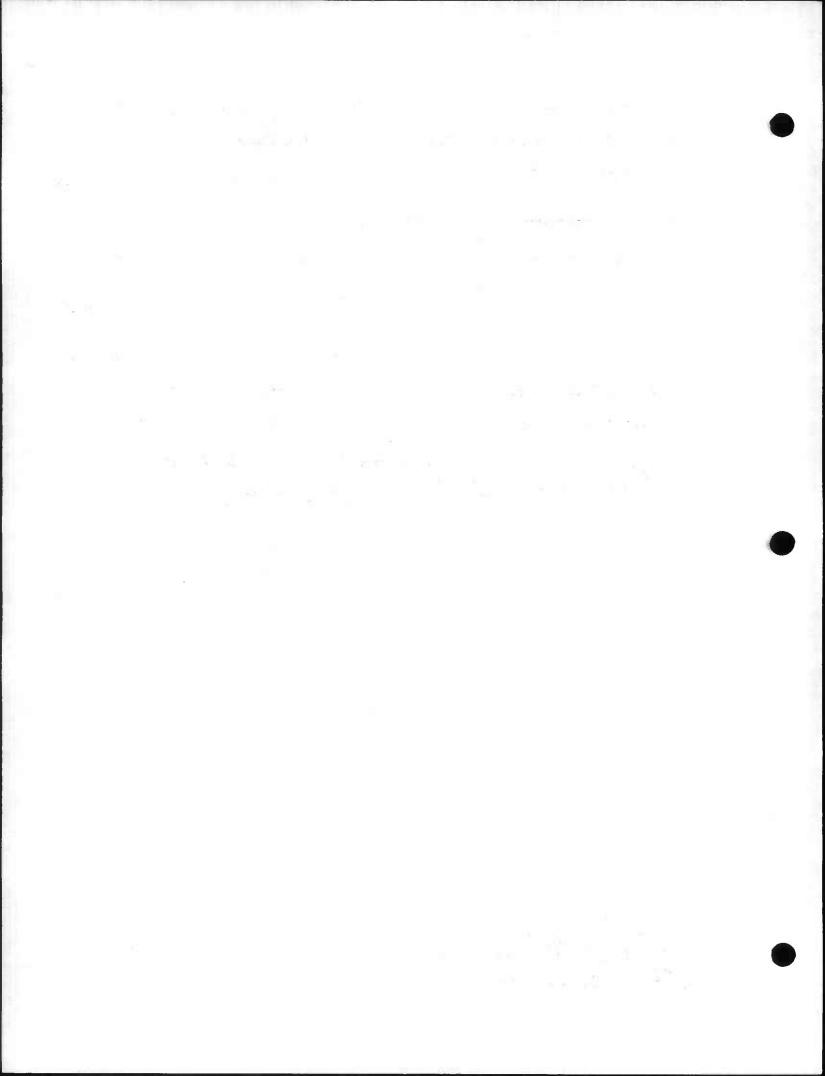
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State of Maryland / Department of Health and Mental Hygiene 9.7

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	rificate be axecuted a physician and as the burial-transit	Examiner	Sequentially list conditions,	b	Dua to (or as a c	onsequer	nce of):						
30,	Se axe Sian a vurial-	Ñ	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury										
68760,	sate b	edical	that initiated events resulting In death) Last	C	Dua to (or as a c	onsequer	nce of):						
9 ×	E 00	Me	L	d							i		
Вох	eath cer attendin I for use	cian											
P.0.	requiras that the death ce been signed by the attendii should be detached for use	Physician/M	Part II. Other significant conditions of				erlying cause gi	ven in Pert t.				the cause of deat	
	that ned to dete	by Pt	New onset I	KA, Z	DDM				100	Yes 2 No	3 ☐ Probe	ably 4 Unkno	nwc
rds,	n sign		New onet I							an autopsy	24b. Wer	e autopsy tinding	8
Record		Jete	hx previous	(L) CVA					perto	rmed?	com of de	lable prior to pletion of cause eath?	
B	0 - 5	Completed							1 🗆	Yas 2 No	10	1 0	
of Vital	lclan: The certificate rector, pag	BeC	25. Was case referred to medical					28. Place of De	ath (Check only	-		700 900 110	
>	0 0	To	axaminar? 1 ☐ Yas 2 ☑ No	Hospital: 1 Propatie	nt 2 ER/Out	tpatient	3 DOA ON	han	lome 5 ☐ Rasi		er (Specify)		
	ding Phys h. After this funeral d		27. Manner of Death 1 Metural 5 ☐ Pending	28a. Date of Injur	y 28b. T	ime of	28c. Inju Wo	ry at	28d. Describe	how injury occur	red		
000	Attending ir death. ector: After by the fune	atic	2 Accident invastigatio	n				Yes 2□No					
Division	or Attend after death Director: / d in by the f	Certification:	3 Suicide 8 Could not be determined	28e. Plece of trije building, etc		m, street,	, tactory, office		28f. Location (City or To	Street and Numb vn, State)	er or Rural	Routa Number,	
	oral D		20 0 1111										
	To the Hospital or Attend within 24 hours after deati To the Funeral Director: completely filled in by the	edicai	29e. Certifier 1 ★ Certifying Ph (Check only 2 → Medicat Exar	ystcian: To the best on niner: On the basis of and manner sta	examination and	death oc Vor invest	curred at the ti tigation, in my	me, dete end plece opinion, death occu	e, and due to the urred at the time,	cause(s) and ma date and place,	nner as sta and due to I	ted. the cause(s)	
	of the hithin of the comple	Mec	290. Signature and title of certifier	and manner sta	nou.		29c. Licens	se number	1	29d. Data signe	d (Month, D	ay, Year)	
	F ₹ F 8		N/min	alle			D4	17619		1/2			
	0	1	30. Name and address of person who			Type Drie		- 011		120			
	0			TEROS M.	D 24) Z /	1:696,0	non Rs	2 Salx	berg ~	10 2	204	
	Sta	te	31. Date tiled (Month, Day, Year)		ar's Signature	1.	0			0-			
	Registr		JAN 31 19	97 July 2	ar's Signature	dall							

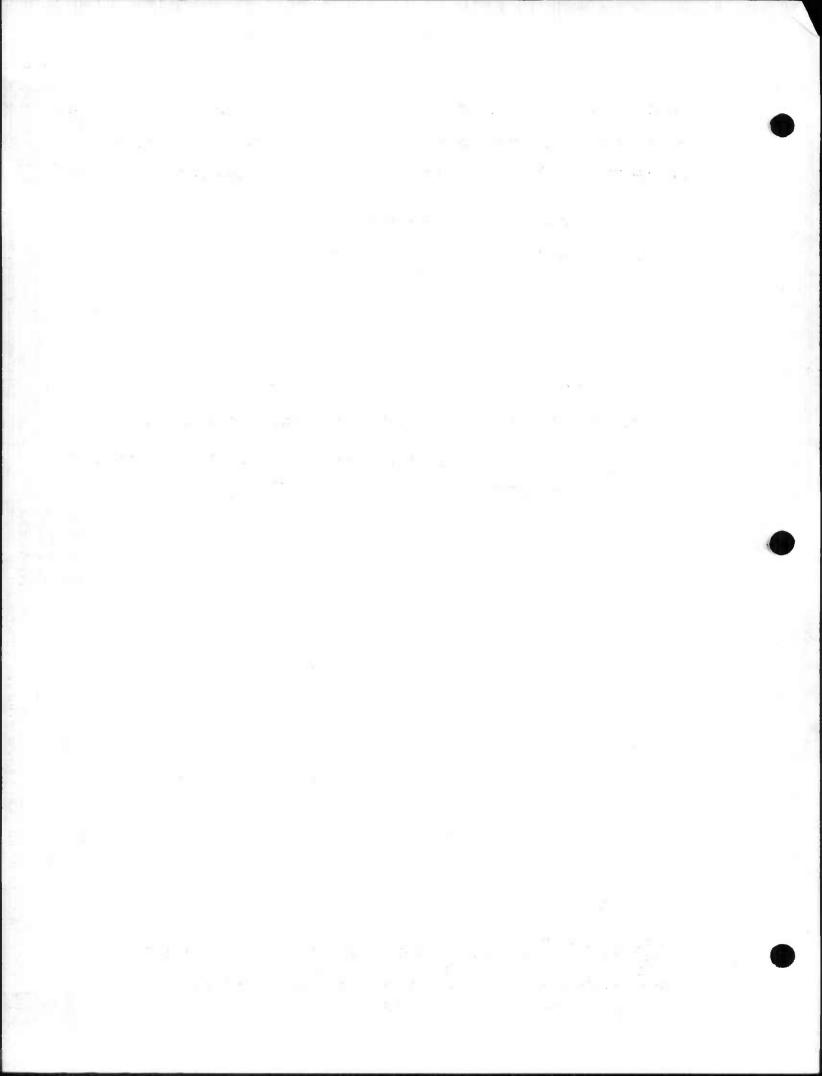
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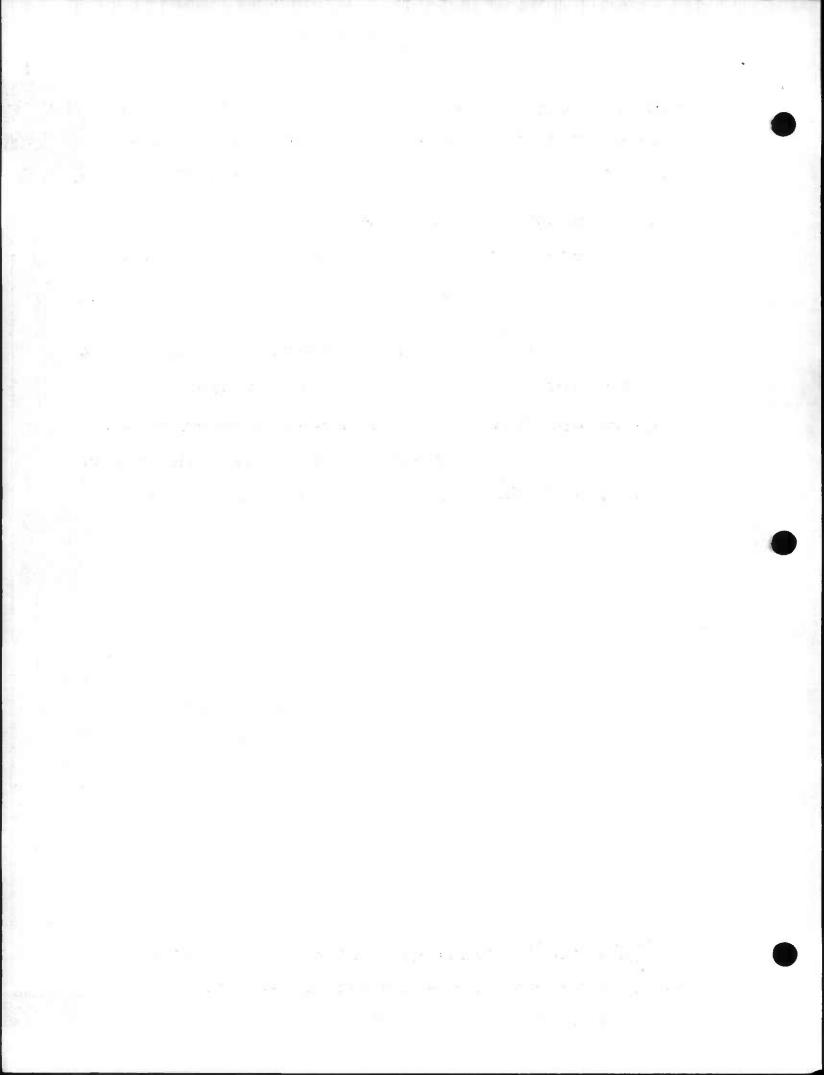
State of Maryland / Department of Health and Mental Hygiene

05030

							Ce	rtificate	e of	Death			Reg. No.	1	00000	Ų
П	1111		1. Decedant's Nam	ne (First, Middle, La	st)							2. Date of Da	ath	V	3, Tima of Death	ī
ı	Physic /Medi		TERRY	V	WA	TERS						Month O1	26	Yaar 97	0706	
	Exami		4a. Facility Name (If not Institution, giv	e street and numbe	er)				4b. City, To	wn, or Lo	ocation of Deatl				ī
			PENINSULA	A REGIONAL	L MEDICAL	CENT	ER			SALIS		Y	WICO	MICO		
	Funeral Director		5. Social Security N 215-72-27 Usuel Rasidanca of	792	Sax 7. MM 2□ F		lest birthday) 38 Yrs.	If Under Months	1 Yaar Days	If Undar Hours	24 Hrs. Min.	8. Deta of Bir (Month, Da 09-30-		9. Birthi	place (State or Foreigntry) MD	nç
	nand ow		10a. Stata	10b. County		10c. Cit	y, Town or Lo	ocation							10d. Insida City Limits	s
	Many Heat	to	MD	Worcest	ter		Snow H	ill							1 Nas 2 Na	0
	h the	Director	10e. Street end Nu	mber				10f. Zip	Coda		_		10g. Citizan of	What Cou	ntry?	
	h wit		203 S.	Collins S	St.			21	1863	}			U.	s.		
020	ges 1 end 2 should be filed within 72 hours effer death with the Maryland it of Heelth end Mental Hygiene. If item 27 is marked other than "natural", or items 23s or 28s-f show or other traumatic event, the Medical Examiner must be notified at	by Funeral	11. Maritel Status Never Merr Widowed	ried 2 Married	12. Was Deceda Armed Forca 1 Yes 2 If Yas, Giva Yaar or Data	s? ∑∛ No		Was Dacedolf Yas, speci	ify Cuba	an, Mexicar	i, Puarto	ecify Yes or No Rican, atc.)		ick, Whita, ly:		
ŏ	2 hou			15. Decedent's Ed	ducation		16a. Dece	dant's Usua	Occup	ation			16b. Kind of B	BLA lusinass/In		-
21215-0020	hin 7	Completed	(Spec	cify only highest gra	rde completed) Coilega (1-4d	or 5.4)	(Give	kind of worl DO NOT us	k done e retired	<i>during</i> mos d)	t of work	Ing				
7	giene giene gr the	NO.	12	31ddiy (0-12)	Oolloga (1-4c				n/	a			I	n/a		
Maryland	should be file and Mental Hy marked oth umatic event	To Be	17. Fathar's Nama Sherwoo	(First, Middle, Last, od Waters					ļ			a (First, Middle) Ward	, Malden Sumai	me)		
ar	2 sho			ame/Ralationship (_					er, City or Town		o Code)	
	Health Health em 27 I			Waters/	father	T				is St.	, Sr	т	1, MD 2			
altimore,	permit. Peges 1 en Department of Heal Important: If Item 2 any Injury or other once.	19		position Cremation 3 = 5 = Other (Specif		ta	Place of Disponentery, creations Wesle	matory or ot	her plea	•	1	Data 1/31/97	20c. Location Snow			
Bait	permit. Pege Department of Important: If any Injury or once.		21. Signature pHF	ineral Service Licer	1960)			N.	Watso	in Fu	neral l	Home , MD 218	301		
			23a. Part1. Entar t	tha disaasa, or com art faiture. List only	plications that caus	ed tha daet						_	•		Approximeta Intarval Batween	-
68760,	Certificate be executed Medicate be executed The purish and the burial-transit The purish are the burial-transit The purish are the puris	edical Examiner	Immediata Causa disease or conditic rasulting in death) Sequentielly list co if any, laading to in causa. Entar Unde Causa (Disease or that initiated evanitiresuiting in death)	onditions, nmadiata shylng Injury	a. HYPERT b	Dua to (c	E CARD or as a consecutive as a consecut	quanca of):	CULA	AR DIS	SEASE	Ξ		1		
XO	n certifica anding pl usa es t				d											_
W	death ce	sicla	Part II. Other signif	icant conditions o	ontributing to death	but not ras	uiting in the u	ndarlving ca	usa div	an in Part I	<u> </u>	23b. Dfd	tobacco usa co	ontribute t	o the cause of death	n?
<u>Р</u>	by th	Physician/													bably 41 Unknow	
Records, I	iaw requires that the deserge been signed by the a	Completed by I	CARCINOMA	RECION,	DIABETE		11105					24a. Was	an autopsy ormad?	av	fare autopsy findings valiable prior to ompletion of cause deeth?	
	The law sta hes page 2	шо										10	Yes 2 No		☐ Yas 2☐ No	
Vital		Bec	25. Was casa refar	red to medicat						26 Place	of Deat	h (Check only o			3183 20160	-
	Physician: r this certific inal director,	0	axaminar? 1 ဩ Yas 2 □	No	Hospital: 1 ☐ Inpa	itient 2 🗆	ER/Outpatier	nt 3⊠ DO	A Oth	ar			dance 8 Oti	ner (Speci	(v)	
ion of	Attending Physic death. ector: After this by the funeral di	ation: T	27. Mannar of Deat 1 Waturat 2 Accident	h 5 Pending invastigation	28a. Data of Ir (Month, I		28b. Tima o Injury		Bc. tnjur Wor				how injury occu		,,	
Division	교육등교	Certification:	3 ☐ SuicIda 4 ☐ Homicida	6 Could not be datarmined	28a. Placa of	Injury - At he atc. (Specif	oma, farm, str	reet, fectory,	office			28f. Location (City or To		ber or Run	al Route Number,	
	To the Hospital within 24 hours e To the Funeral I completely filled	edical	29a. Cartifiar (Check only one)	1 Certifying Ph 2 Medical Exam	yalclan: To the bas niner: On the basis and menner	of axamina	wladga, daati tion and/or in	n occurred a vastigation,	t tha tin in my o	na, data an pinion, daa	d place, th occurr	and dua to tha ed at tha tima,	causa(s) and m data and place,	annar as s and dua t	italed. o tha causa(s)	
	To the within 2 To the comple	Σ	29b. Signeture and	titie of certifier				29 c.	Licens	a number			29d. Data signe	ed (Month,	Dey, Year)	
	,		Jal.	m56	Julks	ley	D.M.	E. DO	359	19			1-27-97	7		
	5		30. Nama and addr					•								
	9		JOHN T. B					F RD,	SAL	ISBUR	XY, M	ID 21801	L			
ı	Sta Registr	-	31. Data filed (Mon	AN 3019	97	diamins Signa	tura Parda	el								



_	•		Amended item #5	WCHD 02/					lealth and Death	d Mental H	ygien Reg. N		97	05	031
1	Physic	ian	Decedent's Name (First, Middle,	Last)		_				2. Dete of I Month	D		Yeer		m in Lineth
Я	/Medi	cal		ILLIAM	WELI	LS			4b. City Tourn	O2 or Location of De	0		97		LB25
1	Examir	ner	4a. Facility Neme (If not Institution, PENINSULA REGIO)			ree		1	SALS]		14	COM]	of Death		
	Funeral Director		5, Social Security Number		7. Age (In yrs.	last birthday)	If Under Months	1 Year Deys	if Under 24 H		Birth Day, Year			ece (State) MD .	nte or Foreign
	and **		Usual Residence of Decedent 10e. Siete 10b. County		10c. Cit	ty, Town or Lo	cation						10	d. inaid	e City Limits
	Mery	tor	MD. WICO	4T CO	P	ARSONSB	IIRG								Yea 20 No
	r 28a	Director	10e. Street end Number	1200		INDONED	10f. Zip	Code			10g. C	itizen of \	Whet Count	ry?	
	th will		5385 WASTEG	ATE ROAD				2184	9			U.	S.A.		
21215-0020	d within 72 hours after death with the Meryland jiene. Fithen "natural", or items 23a or 28a-f show triben "natural" be notified at the Mexical Examiner must be notified at	by Funeral	11. Meritei Steius 1 Never Merried 2 Marrie 3 Widowed 4 Divorced	12. Wes Deced Armed For 1 X Yes If Yes, Give Yeer or De	ces? 2 □ No NA N		Vas Dece Yes, spe	_	lispenic Origin? en, Mexican, Pu Specify:	(Specify Yea or erto Rican, etc.)	No-		e - America ck, Whita, e	sic.	٦,
5-0	72 ho	ted	15. Decedent's (Specify only highest	Education		16a. Deced	lent's Usu	ei Occup	ation during most of a	working	16b. I	Kind of B	usiness/Ind	ustry	
21	within 72 ene. then "nat	Completed	Elemeniery/Secondery (0-12)	College (1-	4or 5+)	life. E	OO NOT u	se retired	1)						
2	e filed w al Hygier other th		1.2 17. Father's Neme (First, Middle, L	not)		ELECT	RONL	C TE	CHICIAN	Neme (First, Midd			NIC M	ACH.	LNES
and	0 = 0	Be	LOUIS WELL						FRANC			n <i>Sum</i> en	10)		
Maryland	d 2 should be the and Mental I T is marked of traumatic ever	To	19e. Informent's Neme/Reletionsh			19b. Meilin	g Address	s (Street		Rural Route Nur		or Town.	Stete, Zip	Code)	
	47 F B B B B B B B B B B B B B B B B B B		MARYLOU WEL	LS - WIFE		5385	WAST	EGAT	E ROAD.	PARSONSI	RIIRG	MD.	21849		
altimore,	of Healt of Healt litem 2 r other		20e. Meihod of Disposition 1			Piece of Disposemetery, crem	sition (Nai	me of		Date			City or To		ə
Ë	ment ant: it		4 Donetion 5 Other (Spi			ARLOW'S	CEM	ETER	Y	2/4/97	PIT	TSVI	LLE,M	D.	
Ball	permit. Peges 1 and Depertment of Healinportant: if item 2 any injury or other sonce.		21. Signature of Funeral Service Li	censpe /	0	22	. Neme er	nd Addre	ss of Fecility						
_	00540		233 Pert1. Enter the disease, or o	1/000	nex					OME, SALI		Y,MD	. 218	04	
ox 68760,	by the difference of the death certificate be executed as a fire difference of the death of the	√Medical Examiner	immediate Cause (Final disease or condition resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	eCOI	Due to (c	ARTERY or es e consequence es e conseque	uence of): uence of):								
Box	d for u	Iclar	Port ii Other significant condition	a contribution to de-	ath but not son	william to the con	. de de de e		an la Band	agh D	el sabasas			Aha aa	
ls, P.O.	that the ed by th detache	by Physician/M	Pert ii. Other significant condition	a contributing to dee	un but not res	ulling in me ur	idenying c	euse giv	en in Perti.						se of death?
Record	aw requir ts been s 2 should	Completed t					_			24e. W	es an aut rformed?	opsy	ava	ilable pi	osy findings for to of cause
	Page Page									1(Yes :	2 ₩ No	1	Yea	2□ No
Vital	Physician: The this certificate ral director, page	Be c	25. Wes cese referred to medicel examiner?	Hospitei:			37	Oth	OP:	Death (Check onl					
of	등급	7: To	1 X Yes 2 No 27. Menner of Deeth	28e. Dete of	injury	ER/Outpatien		DA 28c. injur Wor	4 Li Nursing	g Home 5 ☐ Re 28d. Describ)	
ion	Attending I or deeth. ector: After by the fune	atlo	1 Neturei 5 ☐ Pending 2 ☐ Accident investige		, Day Year)	injury	М		k? Yes 2 □ No						
Division	를 들는 은	Certification:	3 Suicide 6 Could no 4 Homicide determin	200. PIECE (of injury - At he g, etc. <i>(Specif</i>	ome, ferm, stre	et, fector	y, office		28f. Location City or 1	(Street a		er or Rura	Route	Vumber,
	To the Hospital within 24 hours a To the Funeral I completely filled	edical	29e. Certifier 1 ☐ Certifying (Check only one)	Physician: To the transminar: On the bes	is of examine	wiedge, deeth	occurred estigetion	at the tir , In my o	ne, dete end ple pinion, deeth oc	ece, end due to the courred at the time	e, dete er	s) and me nd piece,	enner es stand due to	ated. the cau	se(s)
	To the Within 2 To the comple	Med	29b. Signeture end title of certifier	end menne	er steted.		290	c. Licens	e number		29d. D	eie signe	d (Month, L	Day, Ye	ur)
	8484		N 0 -	~											
	4		30. Neme end address of person w	no completed ceuse	of deeth (item			0359	9		2-1	- 97			
	IVA			, M.D.,	,			AD.	SALTSRIT	RY, MD 2	1801				
٢	Sta Registr		31. Dete filed (Month, Day, Year)	32. Re	gistrer's Signe			,							

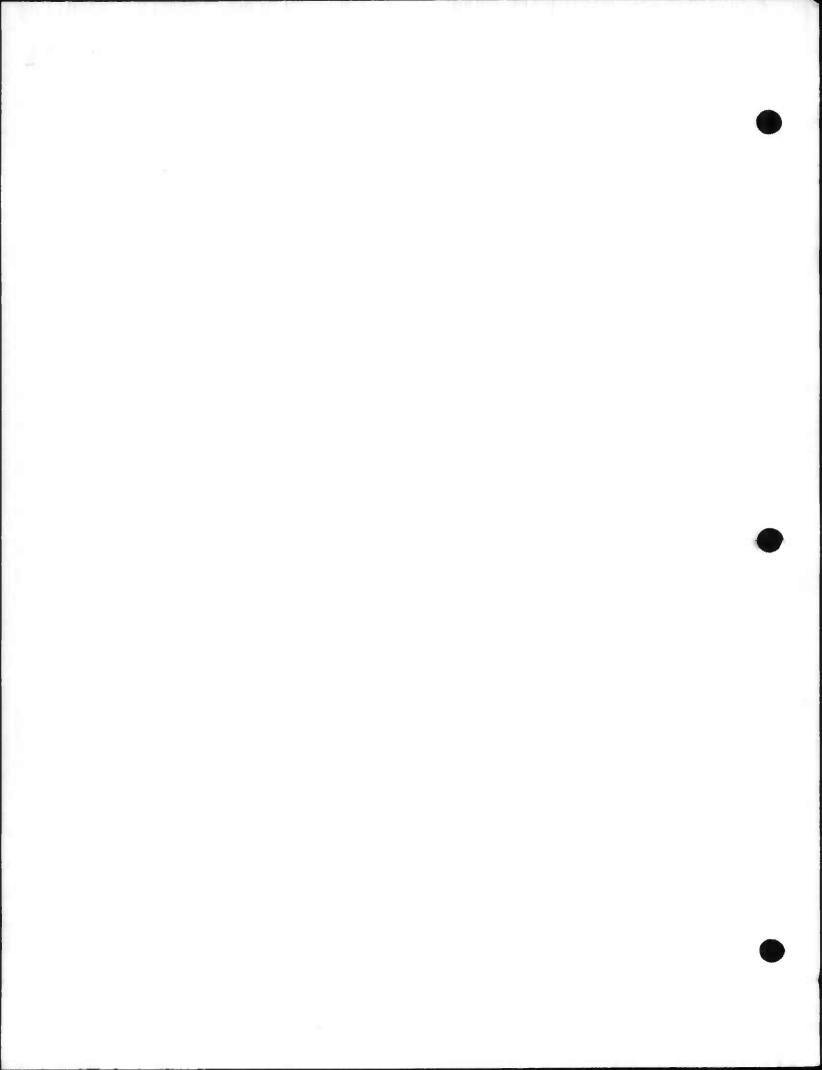


DIVISION OF VITAL RECORDS, P.O. BOX 68760

	nit Page	1	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeatal director, page 5 should be defacted for use as the burial-transit nermit. Page	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burital, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-	\vdash	_	-

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	TIEGIOTIDAN				CENTIF	CAIL	OF	DEAL	П		REG. NO			
	1. DECEDENT'S NAME (First	t, Middle, Lest)								2. DATE C				3. TIME OF DEATH
	Elmer	Barn	es Wau	αh						MONTH	٥	AY P	YEAR	1.30 W
	4. SOCIAL SECURITY NUME		5. SEX		s. last birthday)	IF UNDER 1	YEAR	IF UNDER	24 HBS	7. DATE O	E BIRTH		a BURT	NPLACE (State or Foreign
	226-05-74	56	1 🕅 M 2 🗆 F	80	YRS.		DAYS	HOURS	MIN.	(Month,	Day, Year)		Count	try)
	9a. FACILITY NAME (If not in					207				July	22,			st Virginia
or I						9b, CITY, 1	IOWN O	R LOCATIO	ON OF DE	ATH		9c. COL	INTY OF	DEATN
<u>ē</u>	Laurelwood	Nursin	ng Center]	E1kt	on					Ceci	1
D	10e. STATE	10b. COUNTY			100 017	r, TOWN OR	10017	-						
DIRECTOR	Marer Land				100. 011			101						10d. INSIDE CITY LIMITS?
	Maryland		Cecil			North	-							1 TES 2 NO
₹	106. STREET AND NUMBER						101.	ZIP CODE	E			10g. CI1	IZEN OF	WHAT COUNTRY?
FUNERAL	31 Nazarene	Camp F	Road					219	01			Un	ited	States
וַ הָּ	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1			13. W	AS DECE	NDENT O	F HISPAN	IC ORIGIN?	(Specify Yes		14. RAC	E — American Indian.
BY	1 Never Married 2 3 Nover Married 2 Divo		IF YES, GIVE W					2 V NO		n, Puerto Ri	en, atc.)			k, White, etc.
	3 Widowed 4 Dive	исеа						2.4	, ,					wille
Ш		EDENT'S EDUC y highest grade		16a	Give kind of	USUAL OCC	UPATIO	N		16b, 1	IND OF BU	SINESS/IN	DUSTRY	
COMPLET	Elementary/Secondary (0	- 1	College (1-4 or 5 d	·)	life. Do NOT us	e retired.)	nny mos	it or wonan	y					
릴	5				Logger					Se	I f_om	n 1 0 17	ad 1/	ogger
ő I	17. FATNER'S NAME (First, M	liddle, Last)						18. MOTN	ER'S NAI	ME (First, Mi			EU I	DEREI
	Warden Elme	r Waue	h							Viol:		-		
H	19a. INFORMANT'S NAME (7		2		19b. MAILING	ADDRESS /	Charl or							
임	Robert L.	10	/ Con											
	20a. METHOD OF DISPOSIT		7 3011						rive		_			13-1145
	1 🔯 Burlet 2 🗆 Crematic	on 3 🗆 Remo	oval from State	cametery	CE AND DATE O	F DISPOSITI her placa)	ION (Nan	ne ot		271	20c. LO	CATION —	City or To	own, State
	4 Donation 5 Other	1-6		- Gilr	in Mar	or Me	mor	ial	Park	199	7 E1	kton	Maı	ryland
	21. SIGNATURE OF FUNERA	SERVICE LIC	ENSEE					D 74001164	20 OL 1100	Home				
	14.1.14	1.16										. 1	-	
	23. PART I. Enter the di	iseesea, or c	omplications the	t coused the	death Don	ot enter th	50	uen in of dut	Main	Stre	et,	Norti	1 Eas	st, MD 21901
	ahock, or h	eert fallure. 1	List only one cau	se on each	line.	01 011101 11	10 11100	o or ayn	19, 2001	r as ceruis	c or respi	ratory ar	reat,	Approximate Interval Batween
	iMMEDIATE CAUSE (Fin disease or condition	nal		4 .			./.	. (0					Onset and Death
I.	reaulting in deeth)	→ ,	. Gene DUE TO	Salis	red	Deh	2/1	ナーナ	ec 1	Con	deto	ou -		5m155
			DUE TO	(OR AS A COM	SEQUENCE OF):								
z	Sequentially list conditi		Secon Due to	dong	CU	Bon	u'c	- 0	hol	420	110	hsco	en	5m145-
RTIFICATION	if any, leading to imme	diate	DUE TO	(OR AS A COM	SEQUENCE OF):	-01						-	
5	Cause. Enter UNDERLYi CAUSE (Disease or inju		DUE TO	eff	6-2-1	nel	li	ffu	0 -	-71				44ears
	that initiated events		DUE TO	(OR AS A CON	ISEQUENCE OF):		1-1-						
	resulting in death) LAS	T a	Chr	anic	AVT	esi	ml	2	La	1/2	Son	/		Macy Year
S	PART II. Other elemifies	nt condition		4										
EDICAL	PART II. Other significa	ait conditions	Contributing to	death put n	ot reautting I	n the unde	erlying	cause g	iven in i	Part I. 2	4a. WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă	- Carc	mor	nat	A C	Olan		1			_	YES 2	EL NO		COMPLETION OF CAUSE DF DEATH?
E I	Care	cono	ma	y ro	NO-8	Fai	te							1 YES 2 NO
	DID TOBACCO U				EATH YE	S N	0 🗆	UNC	ERTAIN				4	
PHYSICIAN:	25. WAS CASE REFERRED TO	O MEDICAL		28. P	LACE OF DEAT	H (Check onl	ly one)							
5	EXAMINER?		HOSPITAL:	ER/Outpetlan	t 3 DOA	OTHER:	a Home	€ □ Pa	eldones (6 🗆 Other (Canalla			
	27. MANNER OF CEATN		28a. DATE OF		28b. TIM		6c. INJU		algence (_	NBE HOW I	HILIBY OC	CURED	
_		Pending	(Month, Di	my, Year)	INJ	JRY	WOR			ZOU. DESC	TIBE TOWN	NJOHT OC	CONED	
	a recovered	Investigation	28a PLACE O	E IN HIRV A	t home, ferm, a			2 2	NO					
3		Could not be determined	building,	atc. (Specify)	t nome, term, a	ireet, rectory	y, omice			City or	ION (Street a Town, State)	ind Numbe	or Rumai I	Route Number,
4														
뢰	29a. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowledge	, death occurre	d at the time	e, date a	ind place,	and due t	to the cause	(a) end man	ner as atm	led.	
COMPLE														a) and manner as stated.
	29b. SIGNATURE AND TITLE			1						_				
	Dana	to Do	PilCo	Nas	P-1 8	4/		29c LICE	MUN 38H	20	7	29d. DAT	SIGNED	(Month, Day, Year)
2 ∦	70. NAME AND ADDRESS OF	DEBEON MINO	COMPLETED ON	E OF DE	TEM -			V		- , ,	/	0	1/1	17/
	1) 3 C/m	S P &	4 A / -	E OF DEATH (11EM 27) (Type,	PM(N)		nn	21	93	1		1	
	12011	1000	(TIVE)	二二		777)	, , ,	· D	01) oc	/			
18														
	31. DATE FILED (Month, Day,		32. REGISTRA		_									
	FEB 1	0 1997			~ Jandel	2								



State of Maryland / Department of Health and Mental Hygiene 05033 Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of the th 2. Dete of Deeth Month **Physician** Evelyn 1:00 M January /Medical 4e. Fecility Neme (If not institution, give straat and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Ho.Sipital Clinton Maryland Center Prince Goorges 8. Date of Birth (Month, Dey, Year) 5. Sociel Security Number If Undar 24 Hrs. Birthpiece (State or Foreign Country) **Funeral** 80 1□ M 💥 F 219-05-1464 April 4, 1916 Washington DC Director Usual Residence of Decadent death with the Maryland 10c. City, Town or Location 10e Stete 10b. County 10d. Inside City Limits 28a-f show Peges 1 end 2 should be filed within 72 hours after death with the Maryla nent of Health and Mental Hyglene.
Inti: if Item 27 is marked other than "natural", or items 23s or 28s-1 show my or other traumatic event, its Meurical Examine must be notified. Maryland Director 1 Yas XXNo Prince George's Clinton 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? United States 20735 8911 Marquis Lane Funeral Was Dacedent Evar in U,S. Armed Forces? Was Dacedent of Hispenic Origin? (Specify Yas or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Bleck, White, etc. 1 ☐ Yes 2 XXo If Yas, Give Yeer or Detes: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 XXIo Specify: Specify: White Completed by 3 ☑ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Own Home Homemaker 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumama) Be (UNKNOWN) Florence Henry Pounsberry 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Diane M. Bartlow 8911 Marquis Lane, Clinton, Maryland 20735 20b. Pleca of Disposition (Neme of cametery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stata Wall 2 ☐ Cremetion 3 ☐ Removel from State permit. Pege Department o important: if any injury or 4 ☐ Donetion 5 ☐ Other (Specify) Cheltenham, Maryland Maryland Veterans Cemetery 21. Signeture of Funerei Service Licanses 22. Name and Address of Facility Lee Funeral Home, Inc 6633 Old Alexandria Ferry Road, Clinton, Maryland 20735 ter the disease, or complications that can see the de heart failure. List only one causa on each interest. Do not enter the mode of dying, such as cardiac or respiratory errest, Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Finel machate disaase or condition resulting in daeth) Examiner Examiner sician and burief-transit or Attending Physician: The law requires that the death certificete be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseasa or Injury that initiated evants rasulting In deeth) Lest Due to (or es e consequença of) physician s the buriel Box 68760, Physician/Medicai Due to (or es e consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying causa givan in Part I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2/2 No 3 Probably 4 Unknown ò 24b. Were eutopsy findings evaileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy page 2 1 Yes 2000 certificate 1 ☐ Yes 200 No Division of Vital 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) Certification: To 1 Yes 2 No 1 Denpatiant 2 ER/Outpetient 3 DOA this funerai 27. Menner of Deeth 28b. Time of 28e. Date of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how Injury occurred After 5 Pending Investigation 1 Naturel 24 hours after deeth. Funeral Director: A 2 Accidant 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicida 28f. Location (Straat and Number or Rural Route Number, City or Town, Stete) 28e. Piece of Injury - At home, ferm, streat, factory, offica building, etc. (Specify) filled in by 4 Homicide Hospital Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and manner stated. Medical 29e. Certifier completely (Check only one) within 2 To the 29b. Signeture end was a cartifier 29c. License number 29d. Dete signed (Month, Day, Year) 30. Neme and address person who completed cause of deeth (Item 23a) (Type, Print) 11701 LIVINGTONAL #203 FT. WASHINGTON MD 20744 int M. Papa M.D.

DHMH 16 Rev 6/95

State

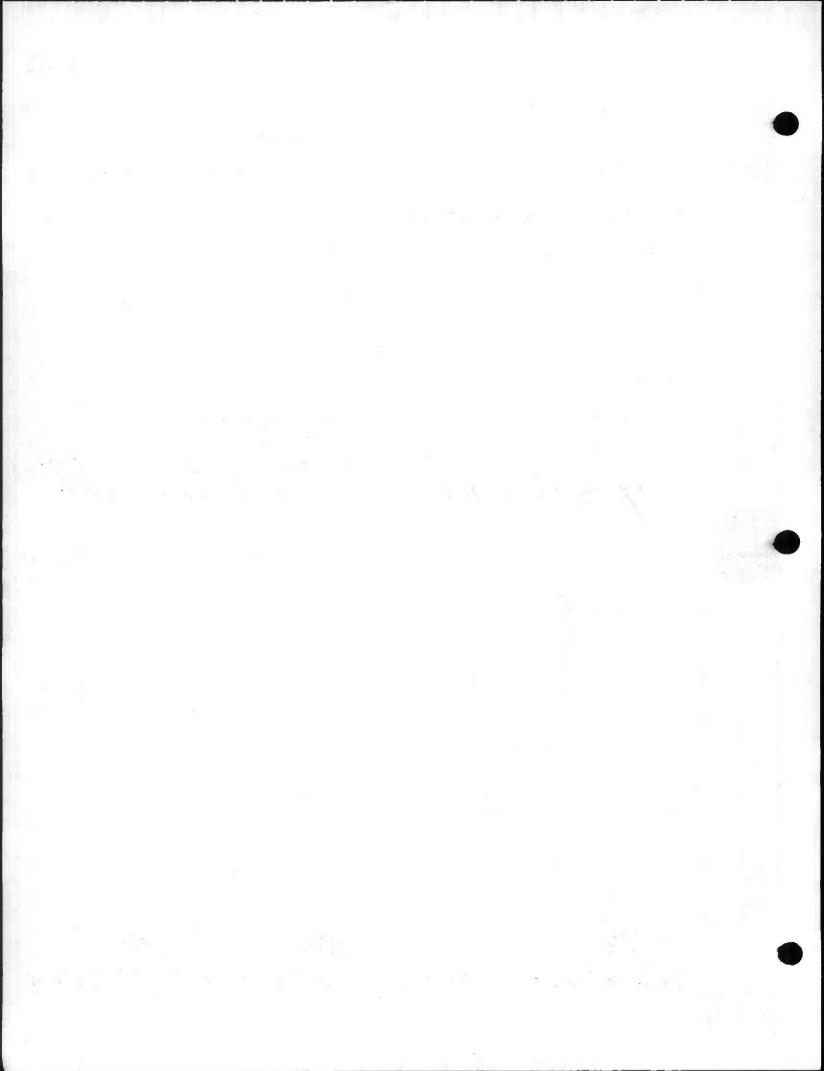
Registrar

31. Dete filed (Month, Dey, Year)

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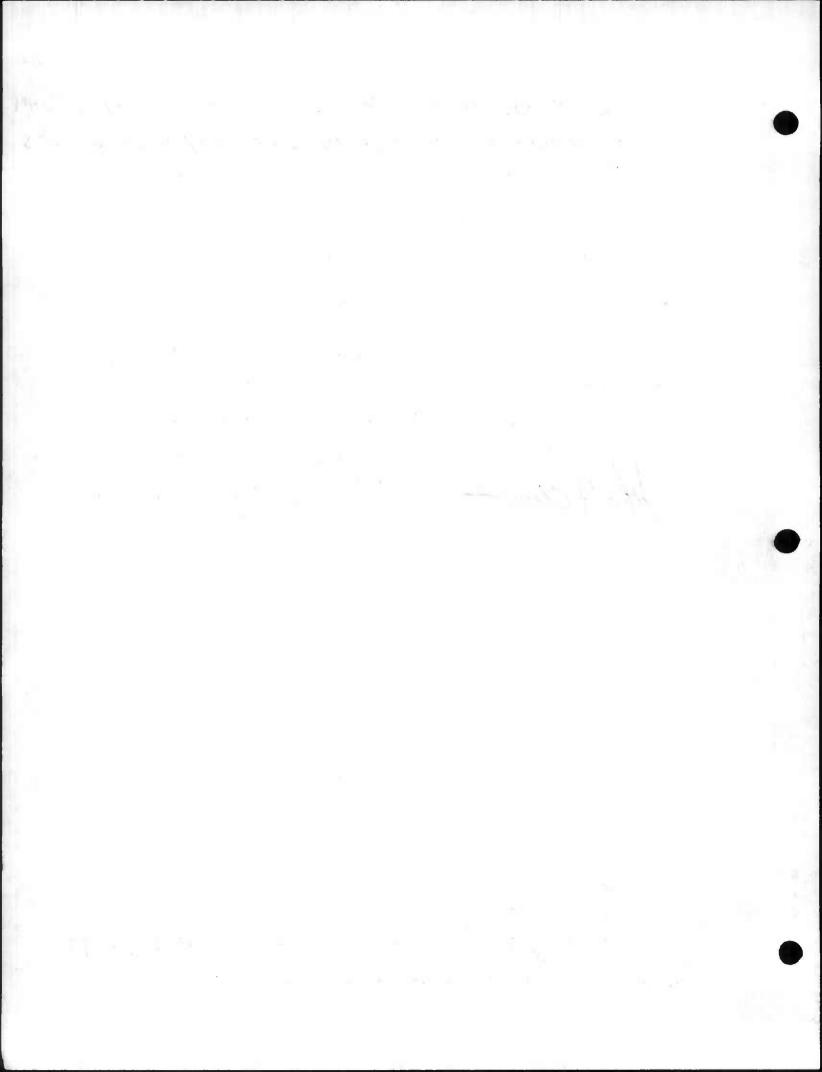
32. Registrer's Signeture

Julia Davidson Rardall



State of Maryland / Department of Health and Mental Hygiene 97 05034

				Cei	rtificate of	Death		Reg. No.	21	0000
Physic /Medi		1. Decedent's Name (First, Middle, Las	J. W	1417	MIR	L=	2. Dete of D Month		GG7	3. Time of Death 5. SOA
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puel wo		Usuel Residence of Decedent 10e. Stete 10b. County	10c	. City, Town or Lo	cation				10d	. Inaide City Limits
Mary H sh	to	Maryland Charles	Wa	ldorf						1☐Yes 2☐No
v 28a	Director	10e. Street end Number			10f. Zip Code			10g. Citizen of	Whet Country	17
th wit		1913 Black Oak Cor	urt		2060)1			USA	
be filed within 72 hours efter death with the Maryland vial Hygiene. ad other than "natural", or flems 23a or 28s-1 show ovent, the Medical Examiner must be notified at	by Funeral	11. Maritel Status 1 Never Merried 2 Married 3 Widowed Divorcad	12. Was Decedent Ever if Armed Forces? 1 Yes 2 No If Yes, Give Year or Detes:	11	Nes Decedent of H f Yes, specify Cube I ☐ Yes 2 1 No	dispenic Origin? (an, Mexican, Pue Specify:	Specify Yes or Norto Rican, etc.)		ce - American ck, White, etc v: Whit	
72 ho	Completed	15. Decedent's Edi (Specify only highest grad	ucation de completed)	16e. Deced	lent's Usuel Occup	petion during most of wi	orkina	16b. Kind of B	usiness/Indus	stry
ne. hen	mple	Elementary/Secondery (0-12)	College (1-4or 5+)		kind of work done OO NOT use retired	d)	Jining			
filed v Hygie ther t	ပိ	12 17. Fether's Neme (First, Middle, Last)		HOI	memaker	40 14-45-4-11	(Final Adiabat)	Own H		
S S S S	Be c	Captain Anders					ome (First, Middle Owens A		ne)	
12 should be file h end Mentel Hy 7 Is marked othe traumatic event.	2	19e. Informent's Neme/Relationship (T	vne Print)	10h Mailin	g Address (Street				State Zin C	anda l
C/ 0 00 00		Carolyn Nyhoff (Di	The second second		Black Oa					,00)
of Her		20e. Method of Disposition 1 Burial 2 Cremetion 3 24 Donalion 5 Other (Specify,	Removel from State		sition (Neme of netory or other please y Funera		Dete	20c. Location -	.1.	n, Stete nsylvani
permit. Pages 1 er Department of Hea Important: If Item 3 any Injury or other once.		21. Signature of Favorel Service Licans			. Neme end Addre		2-0-57	OTYSSES	o, rem	ISYLVAIII
Departi Departi Importa any Inju		D 11 8	M00173	J.	H. Eberw	ein Mor				
		Enter the disease, or comp	Illications that caused the d	eeth Do not ente	133 White	PIS La	White P	ls., MD		pproximete
/Medical Examiner	Examiner	Immediate Cause (Finel disease or condition resulting in death)	b	o (or es e consequ		TIM	y J	billy	a.	3 WKS
certificate be executed Inding physician and Use as the buriel-transit	Medical Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	C	o (or es e consequ						
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the the	by Physician	Pert II. Other significent conditions con	itributing to deeth but not	resulting in the un	idenying cause giv	en in Pert I.		Yes 2 AN		e cause of death'
law requires that les been signed b 2 should be deta	Completed	***					24e. Wes	en eutopsy ormed?	aveile	eutopsy findings ble prior to letion of cause eth?
The page	Co						10	Yes ZZNo	1 🗆 Y	es 2□ No
ystclen: The law is certificate hes b director, page 2 s	Be	25. Wes case referred to medical examiner?	/				eth (Check only	one)		
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tending leath. tor: After the fune	Certification:	27. Menne Deeth 1 Neturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. Dete of Injury (Month, Dey Year)			y et k? Yes 2 □ No		how injury occur		
3445		4 Homicide determined	28e. Pleca of Injury - A bullding, etc. (Spe				City or To			
he Hospital in 24 hours a he Funeral D pletely filled i	edical	29e. Certifier (Check only one) 1 ☐ Certifying Physical Examination (Check only one)	atcian: To the best of my k nar: On the besis of exem- end magner steted.	nowledge, deeth inetion end/or Inve	occurred et the timestigetion, in my of	ne, dete end plec pinlon, death occi	a, end due to the urred et the time,	ceuse(s) end me dete end plece, o	enner es stete end due to the	d. e ceuse(s)
To the Within 2 To the comple	Σ	29b. Signeture end title of certifier	and the	0	29c. License	e number		29d. Dete signed	d (Month, De)	/, Year)
			101	soul of	021	1945		FEB	1,19	97
		30. Neme and address of person who od			THE RESERVE TO SERVE THE PARTY OF THE PARTY				-	
		Michael D. Levine			Av #409	Clinton	, MD 207	735		
Sta	te	31. Dete filed (Month Day, Year) 10	07 - 32 Registrar's aid	nettre P	1 11					



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death 400 PM **Physician** Feb. 6, ALLAN AUSTIN WINKLER /Medical 4a. Facility Nama (If not institution, giva straat and numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner 8251 Marshalls Corner Road Pomfret Charles 5. Social Sacurity Number 7. Aga (In yrs. last birthday) if Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) **Funeral** Birthplaca (Stata or Foraign Country) 1**X** M 2□ F Months Days Hours Min. 220-56-3619 45 Director March 15, 1951 Maryland Usual Rasidance of Dacedani 10b. County 10c. City. Town or Location ns 23a or 28a-f show 10d. Insida City Limits Director 1 Yas 2000 MARYLAND CHARLES POMFRET the 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 8251 MARSHALLS CORNER ROAD 20675 UNITED STATES Funeral Hems 12. Was Dacadant Evar in U,S. Armed Forces? 1 ☐ Yas 2 M No If Yes, Giva Yaar or Datas: Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - Amarican Indian, Black, Whita, atc. 1 Navar Marriad 2 Marriad Baltimore, Maryland 21215-0020 natural', or 1 ☐ Yas 2 No Specify: þ 3 Widowed 4 Divorced WHITE Completed 16a. Decadent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decadant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry Hygiene. Elementary/Secondery (0-12) Collega (1-4or 5+) 11 DRY WALL INSTALLER HOME CONSTRUCTION 17. Fathar's Name (First, Middla, Lest) permit. Pages 1 and 2 should be file Department of Health and Mental Ly Important: If Item 27 is marked oth any linjury or other traumatic even 2008. 18. Mothar's Nama (First, Middla, Maidan Sumama) CHARLES HAROLD WINKLER, SR. BEULAH BESSIE FINALL 19a. Informant's Neme/Ralationship (Typa, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) BEULAH WINKLER - MOTHER P.O.BOX 128, POMFRET, MARYLAND 20675 20b. Placa of Disposition (Nama of cematary, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State XXBurlal 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) JOSEPH'S CEM., FEBRUARY 11, 1997, POMFRET, MARYLAND 21. Signatura of Funa Al Sarvice Licans a 22. Nama and Addrass of Facility
Huntt Funeral Home, Inc. MARK G. BROHAWN M00053 P. O. box 156, Waldorf, MD 20604-0156 23e. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batwe Onset and Death Physician /Medical Immadiata Cause (Finel disaasa or condition rasulting in daath) Examiner Dua to (or as a consequence of) Examiner The law requires that the death certificate be executed sloian and burial-trans Sequentially list conditions, if any, laading to immadiate causa. Enter Underlying Causa (Disaasa or Injury that initiated events rasulting in daath) Last Dua to (or as a consaguanca of): P.O. Box 68760, physician s the buria Physician/Medical Dua to (or as a consaquanca of): 88 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 1 ☐ Unknown signed b of Vital Records. þ page 2 should Completed 24b. Wara autopsy findings availabla prior to complation of causa of daath? 24a. Was an eutopsy performed? certificate 1 ☐ Yas 2 ☑ No 1 ☐ Yas 2 ☐ No Hospital or Attending Physician: 24 hours after death.
Funeral Director: After this certifica director, 25. Was casa rafarred to medical axaminar? Be 26. Placa of Daath (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Othar: 4 ☐ Nursing Homa 5 ☐ Rasidenca 6 ☐ Othar (Specify) Certification: To 1 Yas 2 No Mannar of Deeth funeral 28e. Data of Injury (Month, Day Year) 28b Time of 28d. Dascribe how injury occurred Division Injury A 5 Panding 2-6-9 sent infinited guillat comme to head 1 Yas 2 1 No 2 Accident invastigation the 3 Suicide 4 Homicida 6 Could not be datarmined 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stete) 28a. Place of Injury - At homa, farm, straat, factory, office building, etc. (Specify) filled in by NEWS about 24 hours Medical 29a, Cartifier 1 Certifying Phyaician: To tha best of my knowladga, death occurred at the time, deta and piece, end dua to tha cause(s) end mannar as stated. completely 2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the causa(s) and manner steted. To the Within 2 To the 1 29b. Signature and titla of cartifian 29c. Licansa numbar 29d. Data signad (Month, Day, Year) 30. Nema and eddress of person who completed cause of deeth (Itam 23a) (Type, Print) Dr. Howard M. Haft, 700 Old Line Center #100, Waldorf, MD 20602

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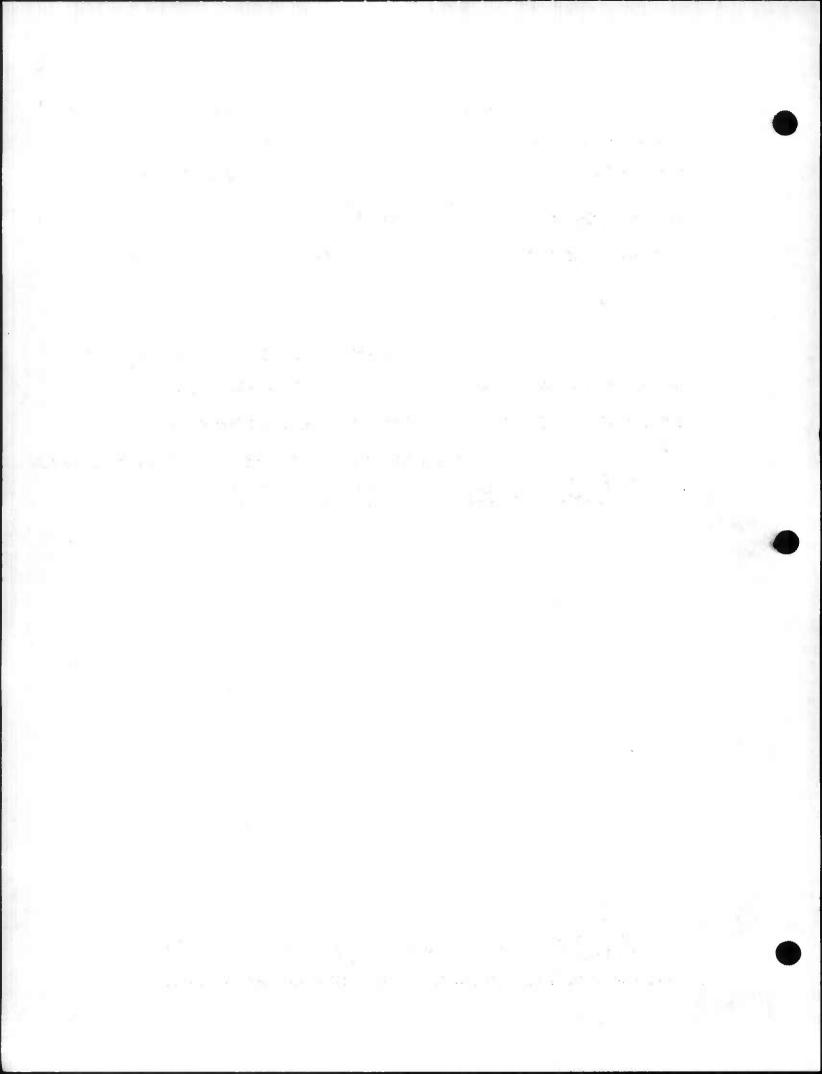
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32. Registrar's Signatura

Julia Davidson Rardall

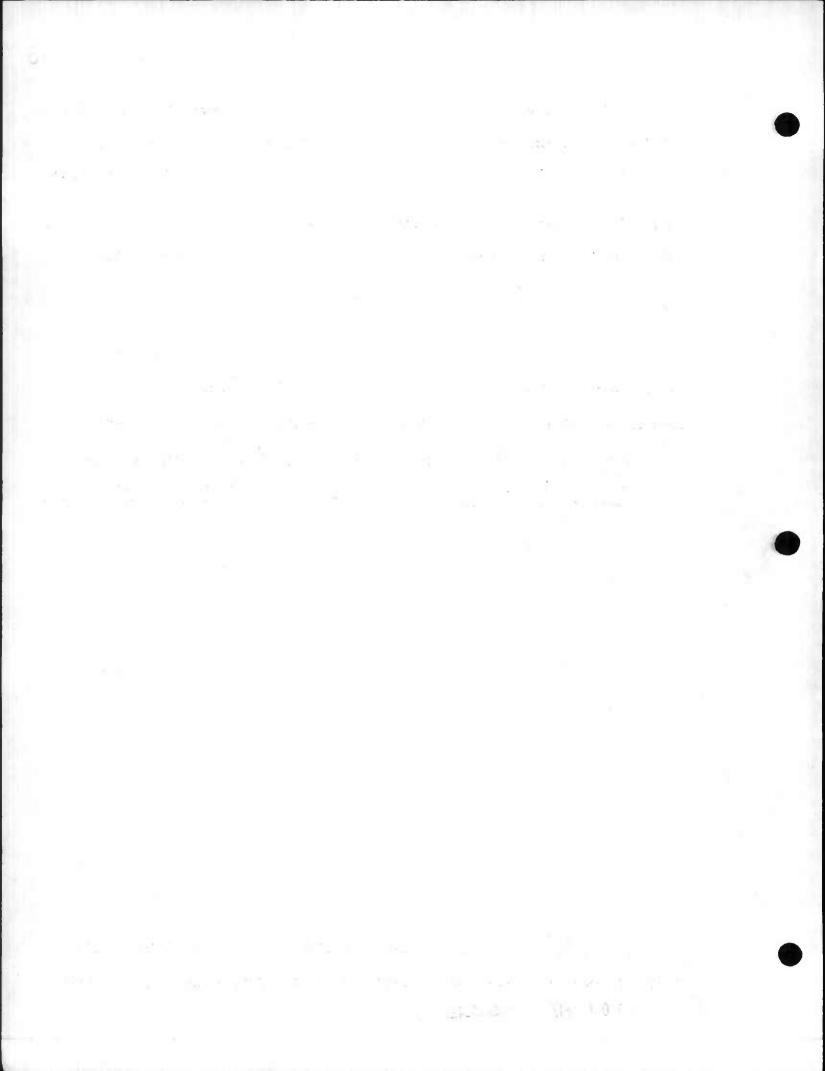


State of Maryland / Department of Health and Mental Hygiene

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December News (Park Assat, Last) Population (Park Assat, L						Certif	icate of	Death			Reg. No.			
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 05037 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Daath 3. Time of Death TROY WORLEY Feb 4, 1997 5:45 Am 4a. Facility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Parkland Drive Rockville Montgomery

9. Birthplaca (Stata or Foreign Country) If Under 1 Year | If Under 24 Hrs. 6. Data of Birth
Months | Davs | Hours | Min. (Month, Dey, Year) 6. Sax 7. Aga (In yrs. last birthday) 10XM 2□ F 59 Yrs Apr 24,1937 N. Carolina 10c. City, Town or Location 10d. Inside City Limits 1∰ Yas 2□ No Montgomery Rockville 10f. Zip Coda 10g. Citizen of What Country? Parkland Drive 20853 U.S.A. 13. Was Dacedant of Hispanic Origin? (Spacify Yas or No-if Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 12. Was Dacedant Evar in U,S. 14. Race - Amarican Indian. Armed Forcas' Biack, Whita, atc. Navar Married 2 Married ☐ Yas **②**No Yas, Giva 1□ Yes 2XNo Specify: Specify: Black Yaar or Datas 15. Dacedent's Education (Spacify only highast grada complated) 16a. Decedant's Usuel Occupation 16b. Kind of Business/Industry (Giva kind of work dona during most of working lifa. DO NOT use ratired) Collega (1-4or 5+) Research Assistant Nova Research Co. 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnema) Worley Decie O. Killens 19a. informant's Name/Ralationship (Type, Print) (Mother) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) Worley 105 W. Pine St, Fairmont, N. Carolina

Data

20c. Location - City or Town, Stata

Feb 5, 1997

Fairmont N.C.

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5. Social Sacurity Number

10e. Street and Number

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11. Marltai Status

Physician /Medical Examiner

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The law requires that the death certificata be executed Box 68760, Division of Vital Records, P.O. or Attending Physician: 24 hours after deeth. Hospital

within 2 To the

State Registrar

Physician/Medicai

Snowden Funeral Home P.A. 20850 246 N. Washington St, Rockville, Md roblications that ceusad the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximata intervei Batween Onsat end Death Immediete Causa (Final disaesa or condition rasulting In death) ACUTE MYOCARDIAL INFARCTION 10 Min Dua to (or as a consequence of) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted avants resulting in death) Lest Dua to (or as a consequence of) Dua to (or as a consequance of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the causs of death? 1 Yes 2 No 3 Probably 4 Unknown HIV Positive 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 TYes 2 No. 1 ☐ Yas 2 ☐ No 25. Wes cesa referred to medical axaminar? 26. Plece of Daath (Check only ona) 1 X Yas 2 □ No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Death 28a. Date of injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Naturel 5 Panding invastigation 1 Yas 2 No 2 Accident 6 Could not be datamined 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 26f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 - Homicida 29a. Cartifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signatura and titia of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year)

D-08546

20b. Place of Disposition (Nama of cematary, cramatory or other place)

Community Funeral Hm. 2/6/97

22. Nama and Addrass of Facility

John Tauber 8218 Wisconsin Ave, Bethesda, Md #20814 Bagistar's Signature

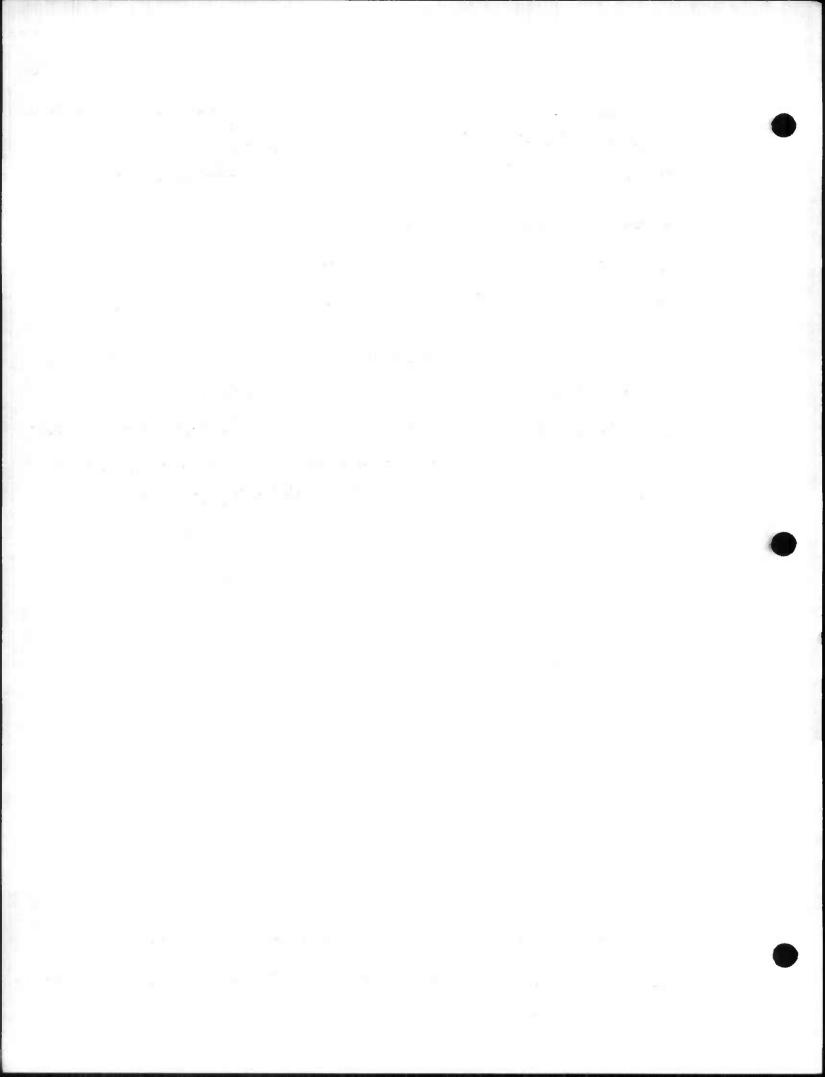
30. Name and eddrass of person who completed ceusa of death (Itam 23e) (Type, Print)

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State of Maryland / Department of Health and Mental Hygiene 0.7

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DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 05039 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Date of Deeth 3. Time of Deeth Frysician Month Howard Wesley Young, 0240 AM february 10 1997 /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City. Town, or Location of Deeth-4c. County of Death **Examiner** Washington County Hospital Washington Hagerstown If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 8. Dete of Birth (Month, Dey, Yeer) 7. Age (In yrs. lest birthdey) Funeral Birthplece (Stete or Foreign Country) 1 M 2□ F Hours Yrs. Director 68 174-22-3957 February 1,1929 Pennsylvania Usual Residence of Decedent the Maryland 10e, State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Director 1√2 Yes 2 No Maryland Washington Hagerstown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò be filed within 72 hours after death with 1208 Wayne Avenue 21742 Items 23a U.S.A. 12. Was Decedent Ever in U.S. Armed Forces? 1 XYes 2 D No If Yes, Give Year or Dates:1946-1948 Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Maritel Stetus 1 ☐ Never Married 2 Married ò 1 ☐ Yes 2 No Specify: þ Specify: White 3 Widowed 4 Divorcad "natural" Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Pages 1 end 2 should be filed within nent of Heelth end Mental Hygiene. int: if item 27 is marked other than Elementery/Secondery (0-12) College (1-4or 5+) Sales Represenative 12 years Insurance Company traumatic event, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be Howard Wesley Young, Sr. Lola Erma Warrell 19e. Informant's Neme/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Pages 1 end 2: Department of Heelth er Important: If item 27 Is any injury or other traugnes. Anna E. Young / Wife 1208 Wayne Avenue Hagerstown, Maryland Baltimore, 20a. Method of Disposition 20b. Placa of Disposition (Neme of cemetery, cremetory or other placa) 20c. Location - City or Town, State 1 Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Rest Haven Cemetery 2-13-1997 Hagerstown, Maryland 21. Signature of Funeral Servica Licensee 22. Name and Address of Fecility Douglas A. Fiery Funeral Home 1331 Eastern Blvd. N. Hagerstown, Maryland 21742 the that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximate Approximete Interval Between Onset and Death **Physician** /Medical tmmediate Cause (Finel diseese or condition resulting in death) **Examiner** The law requires that the deeth certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest HOONIO BRONCINTO Division of Vital Records, P.O. Box 68760. attending physician Physician/Medical Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dtd tobacco use contribute to the cause of death? signed by 12 Yes 2 No 3 Probably 4 Unknown ģ Completed 24b. Were autopsy findings evailable prior to 24a. Wes en eutopsy performed? completion of cause of deeth? 1 Yes 1 ☐ Yes 2 ☐ No this certificate Be 25. Was case referred to medicat 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 9 1 Yes 2 No 1 patient 2 ER/Outpetient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) Certification: 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of

or Attending Physician: filled in by the funeral After death. after death within 24 hours a To the Funeral C

1 Nature! 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide

29a. Certifier Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) and menner es steted.

Medical Examiner: On the basis of exeminetion and/or investigation, in my opinion, death occurred et the time, dete and plece, and due to the cause(s) and manner stated.

29b. Sitterature a

29c. License number

29d. Date signed (Month, Dey, Year)

30. Name and address of person who completed 1110

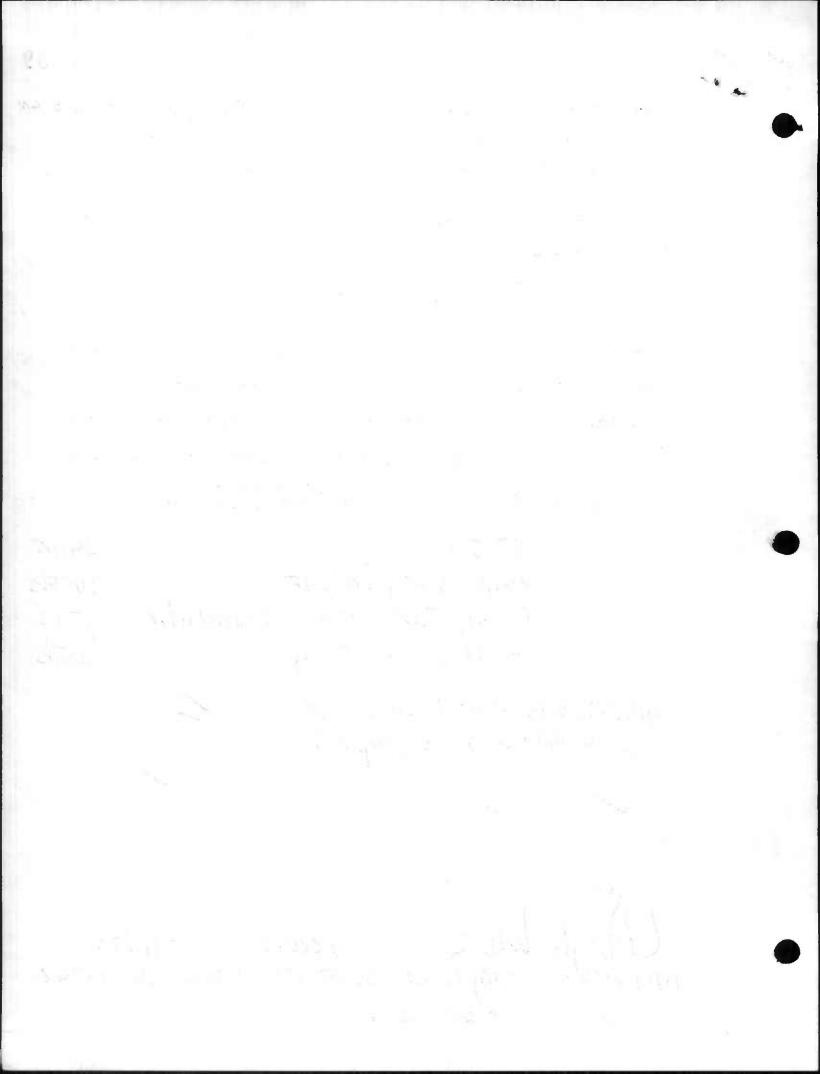
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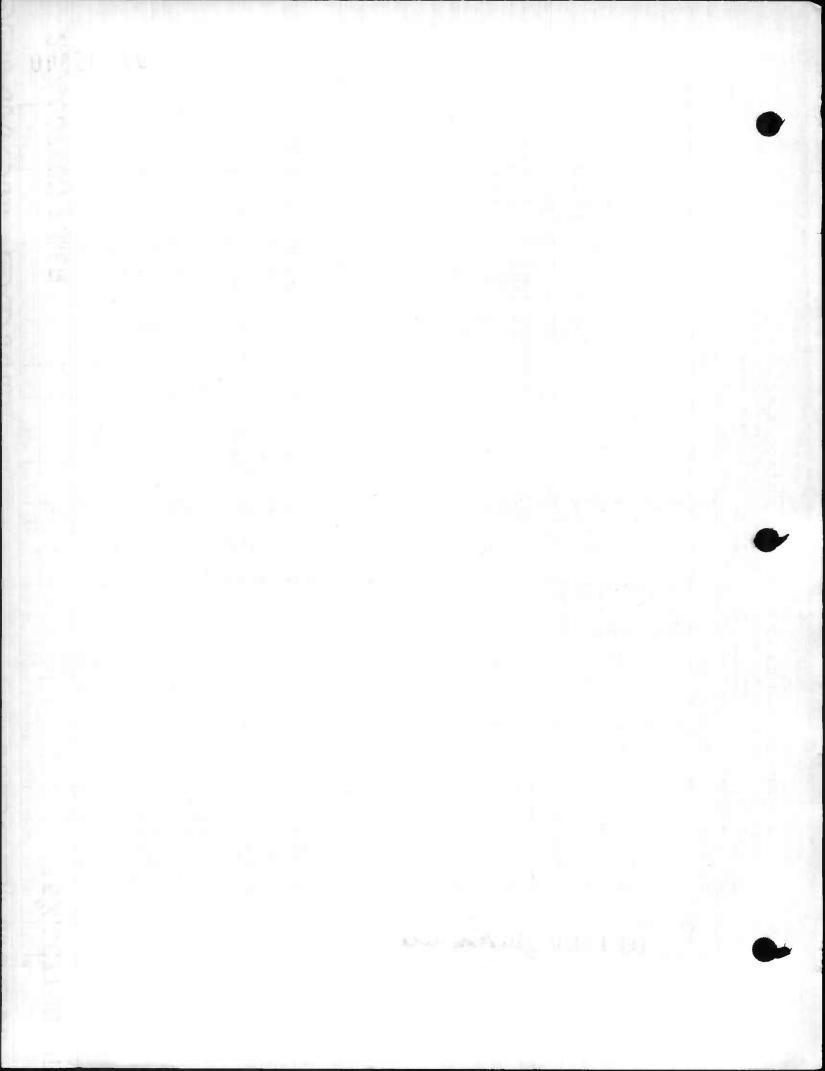
32 Registrar's Signeture

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	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIENE REG. NO.		00010			
	1. DECEDENT'S NAME (First, Middle, Last) ESTHER	Y Esther W.	Yetter			2. DATE OF DEATH MONTH DAY	YEAR 1997	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 220–30–7583	1□M2対F 98	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10–26–1898	Mary	land			
IOR	90. FACILITY NAME (If not institution, give COFFMAN NUM RESIDENCE OF DECEDENT			Hagerst	OWN	ATH 9c.	Washir				
DIMECTOR		ington		TOWN OR LOCAT	ON		10d. INSIDE CITY LIMITS? 1 [X] YES 2 □ NO				
FUNERAL	11 West Baltimore	e Street		101	21740	109	U.S.A	WHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	25 NO	13. WAS DEC	E — American Indian, k, White, atc. //y: White						
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 10 Years	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of we life. Do NOT use Homema	rk done during mo retired.)	166, KIND OF BUSINES Personal						
COMPL	17. FATHER'S NAME (First, Middle, Last)		-		18. MOTHER'S NAI	ME (First, Middle, Maiden Suma	me)				
Joseph Wibberly Lillie Humelsine											
19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
=	D. Bernice Reicha	ard	16830	Tammany	Manor R	oad Williams	port.M	d. 21795			
20s. METHOD OF DISPOSITION 1 Serial 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, cremetory of other place) 20c. LOCATION — City or Town, State											
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
Thomspon Funeral Home Inc. P.O. Box 310 Clear Spring, Maryland 2172											
	23. PART i. Enter the diseases, or	complications that odused	the death. Do no	P.O. E	OX 310	Clear Spring	, Mary I	Approximate			
ION	IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions,	· Conge	CONSEQUENCE OF	heary	Jan	lus		interval Between Onset end Death			
CERTIFICATION	if erry, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d										
MEDICAL	PART II. Other eignificent condition		ut not resulting in	the underlying	ceuse given in	Part I. 24a. WAS AN AUTO PERFORMED:		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
Y	25. WAS CASE REFERRED TO MEDICAL			20:19	ACE OF DEATH (Chi	ock only one)					
2	EXAMINER?	HOSPITAL: 1 Inputiont 2 ER/Outp	atient 3 DOA	OTHER:		6 Other (Specify)	13				
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c, INJ		28d. DESCRIBE HOW INJUR	Y OCCURED				
286 PLACE DE INJURIEV — At home form street feetons office 1 384 LOCATION (Street and Number of Death Number											
29e. CERTIFIER (Check only one) 29e. LEAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and menner as stated.											
O BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Clau, mi)		D 3 60		DATE SIGNED	(Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WITH SAMUEL CHAP	U.M.D. 118	85 Mt.		Rd. 17	AGERS TOWN	MA	21740			
	31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S, SIGNATURE FEB 1 0 1997 Ship Standar Randell										

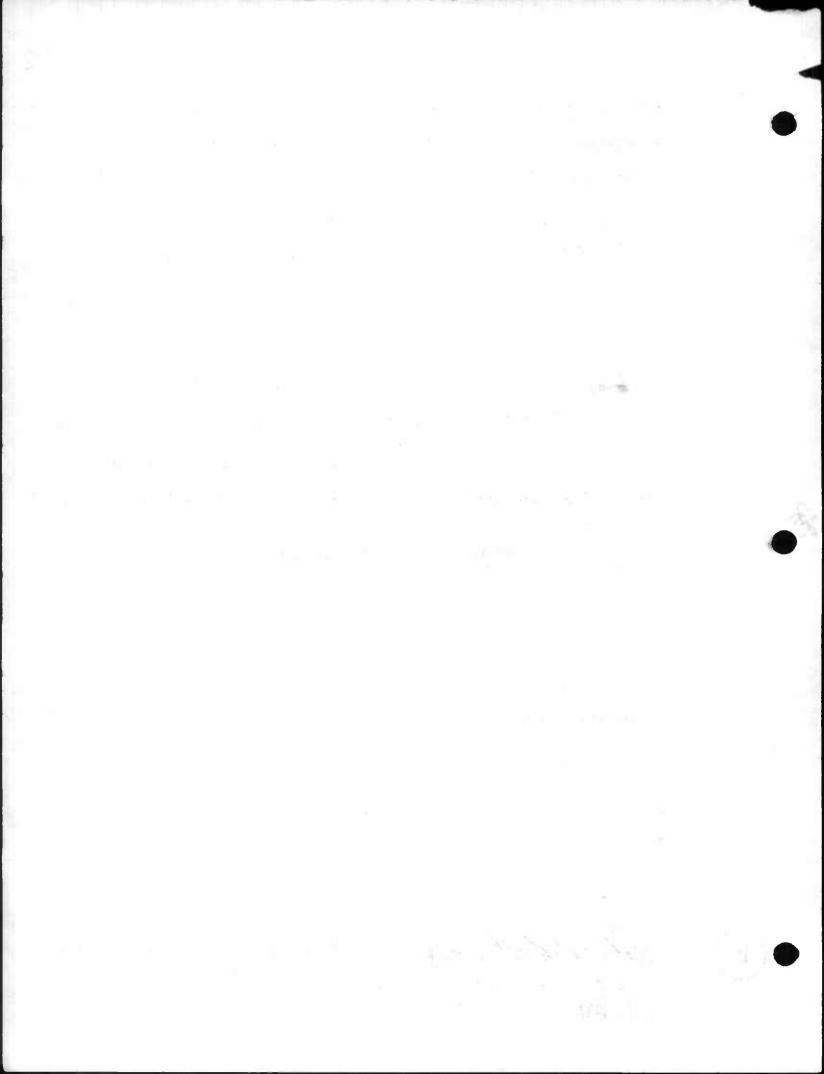


	Amend	ed	#7, 2/3/97, JW, Mo	State of Man		artmen ertificat			nd M	ental		ene (37 (05041
	Priysic	€	1. Decedent's Neme (First, Middle, Last)						2. Dete d	of Deeth	Dey	Yeer	3. Time of Death 21:50 PM
	/Medi	cal	LOREN ALPHONSE ZE 4e. Facility Name (If not institution, give					lb. City, Tow	_	JANU.		29, 19 4c. County		21:50
7	Exami	ıer	NIH, THE CLINICAL					ethes				Montgo		
	Funeral Director		5. Sociel Security Number 6. Se		yrs. lest birthday Yrs.	If Under Months	1 Year Days	If Under 2 Hours	Min.	8. Date ((Mont) May	of Birth	_		ce (Stete or Foreign y) gan
Ī	and and		Usuel Residence of Decedent 10e. Stete 10b. County	10	c. City, Town or L	ocation							100	I. Inside City Limits
	with the Marylan a or 28a-f ahow be notified at	tor	MD Montgome	ry	Wheaton									1 ☐ Yes 2 ☑ No
	or 284	Director	10e. Street end Number			10f. Zip	Code				10g	. Citizen of	Whet Country	/?
	ath w		12033 Livingston				0902					SA		
020	filed within 72 hours after death with the Maryland thygiene. Ther than "natural", or flems 23s or 28s-f show int, the Medical Exactine crust be notified at	by Funeral	11. Meritel Status 1 □ Never Married 2 ☑ Merried 3 □ Widowed 4 □ Divorced	12. Was Decedent Eve Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:	r in U,S. 13.	Was Deced If Yes, spec 1 ☐ Yes 2	ony Cuba	ispanic Orig in, Mexicen, Specify:	in? (Spe Puerto f	cify Yes o	or No-		ca - Americer ck, White, et 7.71	
2-00	72 hou	ted	15. Decedent's Edu	cetion	16e. Dece	dent's Usue	ol Occup	aflon	and as an adula		16	b. Kind of B	usiness/indu	
21215-0020	ithin 7	Completed	(Specify only highest grad Elementery/Secondery (0-12)	College (1-4or 5+)	life.	kind of wor DO NOT us	rk done d se retired	during most ()	of workin	19				- 766
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Maryland	s 1 and 2 should be filed f Health and Mental Hyg ftem 27 is marked othe other traumatic event,	To Be	Alphons Zech				į	Evel				IDEN SUMEN	10/	
ary	2 should and Mis mari	F	19e. Informent's Neme/Reletionship (Ty	pe, Print)	19b. Meil	ing Address	(Street					City or Town,	Stete, Zip C	code)
M.	1 and 2 Health a em 27 is		Velda Lorene Zech					ton S	tree	t, W	heat	on, M	2090	2
Baltimore,			20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify)		20b. Plece of Disp cemetery, cre	metory or o	ther plea	•	2	Dete			City or Tow	
alti	permit. Pages Department of Important: If h any Injury or or		4 Donellon 5 Other (Specify) Holy Hope Cemetery 2/08/97 Tuscon, Arizona 21. Signature of Funeral Service Licenters 22. Name and Address of Facility Francis J. Collins Funeral Home, Inc.											
m	20E 3		James 5	Jaly	H	ranci 300 Un	s J. iver	Coll	ins Blvd	Fune. W.	ral , Si	Home, lver	Inc.	MD 20901
	Physician /Medical Examiner	Iner	23a. Part. Enter the disease, or complete complete complete cause (Finel disease or condition resulting in deeth)	. Respir		CLIII	ure	due					ia	oproximete nitervei Between onset and Death 1000115
Box 68760,	death certificata be executed e attending physician and d for use as the burial-transit	n/Medical Examiner	Sequentielly list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	Due	to (or as a conse	quende of):								
		Physician/M	Pert II. Other significant conditions con	tributing to death but n	ot resulting In the	underlying ca	ause give	en in Pert i.		23b.	Did toba	icco use co	ntribute to t	he cause of death?
P.O.	that the ed by detac										1 Yes	2 💢 No	3 Proba	bly 4 Unknown
Records,	aw requii 1s been s 2 should	Completed by								249.	Was an a	autopsy d?	avall	e eutopsy findings abie prior to pletion of ceuse eth?
- B	The ate h	Com									1 🗆 Yes	2 🖾 No	10	Yes 2□ No
Vital	Physician: The this certificate rai director, pag	Be	25. Wes cese referred to medicei exeminer?	lospitel:		*	Oth	28. Piace						
of	\$ 000	5	1 ☐ Yes 2 ☑ No	1 Ku Inpatient	2 ER/Outpatie	-		4 1 1401	-			injury occur		
ion	Attending F r death. ector: After by the funer	atior	1 Neturel 5 ☐ Pending 2 ☐ Accident Investigation	28e. Dete of Injury (Month, Dey Ye	ear) Injury	М	8c. Injun Worl	k? Yes 2∐ N	lo					
Division	Di afta	Certification:	3 ☐ Suicide 8 ☐ Could not be 4 ☐ Homicide determined	28e. Plece of Injury building, etc. (\$	At home, ferm, st Specify)	reet, fectory	, office		2		ion (Stre r Town,		per or Rural I	Route Number,
	Hospital 24 hours Funeral stely filled	edical		nician: To the best of manner: On the bests of example and menner steted	mination end/or in									
	within to the To the comple	Me	29b. Signeture end title of certifie	end mariner stated	/	290	. License	e number			290	. Dete signe	d (Month, De	y, Year)
	- > - 0		H./2	son	- N	D	141	179	7			Jem,	29,1	997
	18		30. Name and eddress of person who co		(Item 23e) (Type 000 ROCK		PIK	E, BE	THES	DA,	MARY	LAND 2	20892	***
	Sta Registr		31. Dete filed (Month, Dey, Year) FFR 0 3 199	32. Régistrer's	Signature	dette								

State of Maryland / Department of Health and Mental Hygiene

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1	Physic	ian	Decedent'a Name (First, Middle, Las								2. Date of D	Dav	Year		ima of Death
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Ш			5. Social Security Number 6. Se	الحسن من درا	ne (In yrs. las	DSP · H	(K) Inda	r 1 Year	VSa If Under 2	14:00		at.	rya	/	
	Funeral Director			() ★M 2 □ F	5 1	Yrs.	Months		Hours	Min	8. Data of B (Month, D	, 1945	9. Birt	npiaca (S	DGE,MD
ш			Usual Residence of Decedent		0 1						IA 1 2 3	,1945	CAP	IBKI	DGE, ML
	yland #		10a. State 10b. County		10c. City, 7	Town or Lo	cation							10d. Ins	ide City Limits
	Mar	to	MD n,	/a		ВА	LTI	MORE						1	yes 2□No
	or 28	irec	10e. Street and Number			-	10f. ZI	Code				10g. Citizan	of What Co	What Country?	
	h wil	ai	1811 CHILT(ON STRE	ET			2	1218			UNITE	ED S	TAT	ES
	daa	iner	11. Marital Status	12. Was Decedent Armed Forcas?	Evar In U,S.	13. V	Vas Dece	dent of H	Ispanic Orig	gin? (Spec	ify Yes or N		Raca - Ame		an,
2	within 72 hours aftar death with the Maryland ene. than "natural," or items 23a or 28a-f show ha Hecical Examinar must be notified at	by Funeral Director	1 Nevar Married 3 Marriad	1 Yes RIV			A HILLIAN		Specify:	, , , , , , , , , , , , , , , , , , , ,					,,
00	ural',	d b	3 ☐ Widowed 4 ☐ Divorced	Year or Datas:				X-X				Spe	ъ. В	BLAC	K
21215-0020	should be filed within 72 hours aft of Mental Hygiene. marked other than "natural", or matic event, tra Medical Experi	Completed	15. Decedent's Edi (Spacify only highest grad	ucetion de completed)	1	16a. Deced	ent's Usu	al Occup	ation during most f)	t of working	g	16b. Kind o	of Businass/	Industry	
12	within ene.	dmo	Elementary/Secondary (0-12)	College (1-4or	5+)		TOD		")			JOHNS	HOD	KIN	SUNIV
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an	ould be filed with Mental Hygiene, arked other than	To Be	HENRY RAN	ICH					EL	1 0	ANDE	CON			
Maryland	2 should land Men is marke	-	19a. Informant's Name/Ralationship (T			19b. Mailin	g Addres	s (Street			ANDE I	ber, City or To	wn, Stete, i	Zip Code)	
_	C4 00 12 1		BRENDA AN	IDERSON		1811	CH	HILT	ON	ST	BAL	TIMORE	. MD	212	18
e,	f Hair from othe		20a. Method of Disposition		20b. Plac	e of Dispos	sition (Ne	me of			Date	20c. Location			
Baltimore,			1 Donation 5 ☐ Other (Specify		MT.					b_	22	1 A N	ISDOW	ALE I	MD
alti	permit. Peg Department Important: It any injury o		21. Signature of Funeral Service Licens	saa)					ss of Facility			L	SDOM	INC .	YIU
00	Depa impo any ir		Bomal A	Johnson			WM.	С.	MARCI	H HF	11(01 E.	NORT	HA	VENUE
			23a. Part1. Enter the disaasa, or companies ahock, or heart failure. List only	cations that couse	d the death.	Do not ante	er the mod			_					oximate al Batween
4	Physician		arlock, or neart failure. List only										i	Onsel	al Batween t end Death
4	/Medical		Immediate Causa (Final disaase or condition	Myz	ocard	ial	I	n P	ovc t	700				15 ~	nimetes
п	Examiner		resulting in death)	a	Due to (or a										
	D #	iner	<u> </u>												
	and -trans	Examiner	Sequentially list conditions,	0.	Due to (or a	s a consequ	uence of):								
60,	be ex		Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Diseasa or Injury that initiated events												
68760,	certificata be executed ording physician and usa as the burial-transit	edical	that initiated events rasulting in death) Last		Dua to (or as	s a consequ	uence of):						1		
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	signed b	by PI	Hy pertens	rois							1	Yee 2□N	0 3∐Pi	robably	4 Dinknown
of Vital Records,	quiras n sign										24a. Wa	s an autopsy			opsy findings
00	aw requires is been si 2 should	Completed									peri	ormed?		available complation of death?	n of cause
R	Tha law ata has page 2	mo									1 1 1	Yes 250N		1 ☐ Yes	2 No
<u>ta</u>		BeC	25. Was case referred to medical						28. Place	of Death	(Check only			12 700	
f <		ToE	examiner? 1 √ Yas 2 □ No	Hospital:	ant 2 ER	VOutpatient	3 200	Oth	or:			idence 8 🗆	Other (Spe	cify)	
0	ng Ph tar th		27. Mannar of Death 1- Matural 5 ☐ Pending	28a. Data of Inju		Bb. Time of Injury	1	28c. Injun Worl				how Injury oc			
Sio	Attending Ph ir death. ector: Aftar th by tha funeral	atic	2 ☐ Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , ,	n yary	М		Yas 2□	No					
Division	or Attending I aftar death. Director: Affar I in by tha fune	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28a. Place of Inj	ury - At homa	a, farm, stre	et, factor	y, office		28		(Street end Nu	umber or Ru	ural Route	Number,
	ital or rai Dire														
	Hospital or Att 24 hours aftar d Funeral Direct etely filled in by	edical	(Check only 2 Medical Exam)	eician: To the best of ner: On the bests of	of my knowle	dga, daath and/or Inv	occurred	at the tim	ne, data and olnion, daat	d placa, an	nd due to the	cause(s) and	manner as	stated.	usa(s)
	T Seld	Med	one)	and manner sta	ated.										
	-		29b. Signatura and tile of certifier	1.11					a number	12		29d. Date sig			
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1	4		30. Marrie and address of person wind of 201 East University	ompleted ceuse of	leath (Item 23	3a) (Type, F	Print) U	Luio	~ m	41	eral	1752	pira-1		
	U		31. Date filed (Month, Day, Year)	2 30 Manine	ar's Shaw	1	01-14	7.200	e /1	405	y /and	0(3	18		
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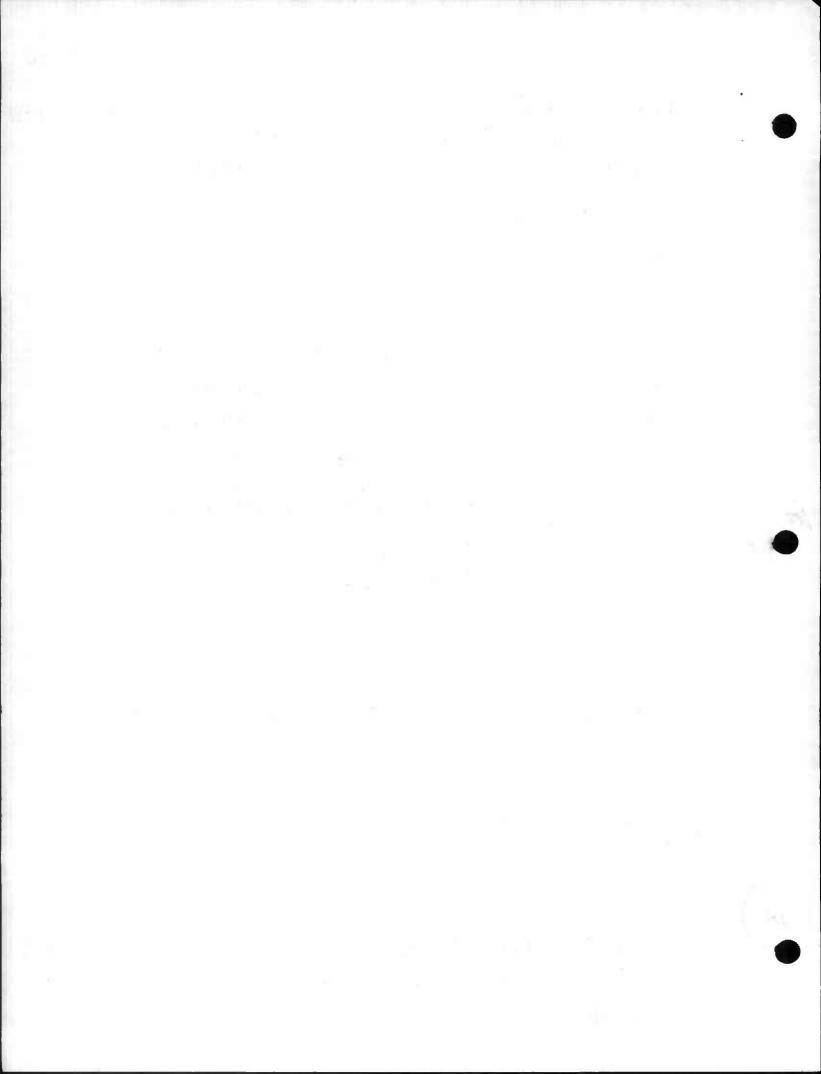


State of Maryland / Department of Health and Mental Hygiene 9 7

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						Cer	tificate	of	Death		Re	g. No.		00040	
			1. Decedent'a Nama (First, Middla,	Last)						2.	Data of Death	n	Wass	3. Tima of Death	
	Physic: /Medi		HAGGY	HRNOL						Te	Month	1 17 1	997	8:320W	
1	Examir		4e. Facility Name (If not institution,	0 0 1				4	b. City, Town		ion of Death	4c. County	of Deeth		
	- 12		SINAI HOSPIT	al of Bia	TIMO	RE			BACT	IM	DEE	BAU	MM	LOVE	
	Funeral Director		214-26-3211	6. Sex 7. Ag 1 ဩ(M 2 ☐ F	e (In yrs. last bii 75	rthday) Yrs.	Months D	Year Days	If Under 24 Hours	Min. F	Dete of Birth (Month, Day eb. 22	, 1921		plece (State or Foreign ntry) Cginia	
	pue *		Usuel Residence of Decedent 10e. State 10b. County		10c. City, Tow	m or Lo	cation							10d. Inside City Limits	
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	r 28e-f sh	Director	10e. Street end Number				10f. Zip Co	ode			10	og. Citizen of	Whet Cou	ntry?	
	E 0 8	al Di	414 Wolfe Str	eet					21221			-	USA		
	ter death v items 23s	Funeral	11. Marital Status	12. Was Decedent Armed Forces?	Ever in U,S.	13. V	Vas Decedan	t of H	ispanic Origin In, Mexican, F	? (Specifi	y Yas or No-			can Indian,	
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5-0	22 88	Completed	15. Decedent's (Specify only highast	Education grade completed)	16a.	. Deced	lent's Usuei C	one o	ation du <i>ring m</i> ost of	f working	1	6b. Kind of B	d of Business/Industry		
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Z	d 2 should th and Mer 7 is marke traumatic	2	George Arnold 19a. Informent's Neme/Relationshi	n (Type Print)	106	Mailin	n Address /S	Street			e Jone		State 7/	o Code)	
	od 2 s ith ar 27 is r trau		Clara Arnold /								imore			, 0006)	
e,	f Health frem 27 i		20e. Method of Disposition	WALC	20b. Place o	f Dispos	sition (Neme	of		1		Oc. Location		own, State	
Baltimore,	8 = 5		1 ☑ Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spe			-	netory or other		ery 2/	/21/9	7	Ral+i	more	ore MD.	
alti	permit. Peg Department Important: If any injury o		21. Signatura of Funeral Service LI	-	11011		. Name end A		-	2,1, 5	,	Darch	MOLC	1110	
0	Deparimpol		RTIM	1/2	11111	(Connel	1y	Funera	al Ho	me of	Essex			
П			23e. Pert1. Entar the disease, or c shock, or heert failure. List or	oraplications that caused	the death Do	not enle	300 Mai or the mode o	Ce dyin	Ave . I	Balti Irdiac or ra	more Maspiratory arra	D. 212	21	Approximate	
J	Physician		snock, or neert failure. List of	phe cause on each in	-		i						1	fnterval Between Onsat and Death	
4	/Medical		Immediate Ceuse (Finei diseese or condition	Sel	Otic	5	noc	K					1		
	Examiner		resulting In deeth)	е.	Due to (or es a	conseq	uenca of):		11				i		
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	ertificate be executed ling physician end e as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	0.	Due to (or es a	conseq	uenca of):								
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68760,	phys the	Medicai	that influeted events resulting in deeth) Lest Due to (or as e consequenca of):												
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0	O W W	hys	Pert II. Other significent condition	contributing to death bi	1	1	_ 1	de					3 □ Pro	o the cause of death?	
0,	es thet igned to be det	by P	HIN HWAI	Na Hup	even	JK.	2 HANC	16	MMU	(1 🗆 Ye	ns 2LINO	3 10	distriction.	
Records,	.= 07 70		,	, ,							24a. Was an		24b. W	ere autopsy findings valiabla prior to	
8	> 10 0	plet									perform	1001	CC	ompletion of cause death?	
	ician: The law certificete hes t rector, page 2 s	Completed									1□ Ye	s 2000	1[□ Yes 2□ No	
ital		Be C	25. Was case referred to medical						26. Piace of	f Death (C	check only one				
of Vital	5 00	To	examiner?	Hospitei: 1 Minpatie	nt 2 ER/Ou	ıtpatieni	3□ DOA	Oth	er: 4 🗆 Nursi	ing Home	5 🗆 Reside	nce 6 🗆 Oth	ner (Specia	fy)	
	tending Ph leath. tor: After thi the funeral		27. Menner of Deeth 1 Seturei 5 ☐ Pending	28a. Date of Injui (Month, De)	y Year) 28b.	Time of	28c.	Injun	y at k?	280	I. Dascribe ho	w injury occur	red		
Sio	Attending or death.	cati	2 ☐ Accident Investige	tion			М	10	Yes 2 □ No)					
Division	or Attending I effer death. Director: Affer I in by the fune	Certification:	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homlcide determin	ed 28e. Piece of Inju	ury - At home, fa c. (Specify)	rm, stre	et, factory, o	ffice		28f.	Location (Str City or Town,	eet and Numb , Stete)	ber or Run	al Route Number,	
П	to the Hospital or Att	ပ္	000 Cadillas DelCount Inc			7.5									
I۸	H Selevis	edical	29a. Certifier (Check only one) 1 Cartifying 2 Medicat Ex	Physician: To the best of teminar: On the bests of end manner ste	examinetion en	dor Inv	occurred et t estigation, in	my o	ne, dete end p pinlon, deeth	occurred	due to the ca et the time, da	use(s) and mo ite end piece,	ennar es s and due t	teted. o the ceuse(s)	
JH	d d d d d	Me	29b. Signature and tile of certifier	one marrier ste			29c. L	icans	e numbar		29	d. Date signe	ed (Month,	Day, Year)	
-	1. 9		MARSOLL	MARILLA	WIM	1	100	3(17	12201	MAC	I CIN	ohuni	NA	110 1000	
,	20	-	30. Name and eddress of person wi	no completed cause of de	eeth (item 23e)	(Tymn 1	T/>>	246	المن وسود	"ID"	1314	UIJVU	WYC	111,1991	
	20		MARIFRON	10510110	L VVV	(Type, I	INAL	1	DSOLL	3/0	F BA	U. B	ALL	-MD	
	Sta	te	31. Date filed (Month, Dey, Year)	32 Registra	r's Signature	_	- 4 / 1 / /	, ,	7.	201 0					
	Registr	ar	FEB 21 1997	Julia Davidson	-Mandell										

DHMH 16 Ray 6/95



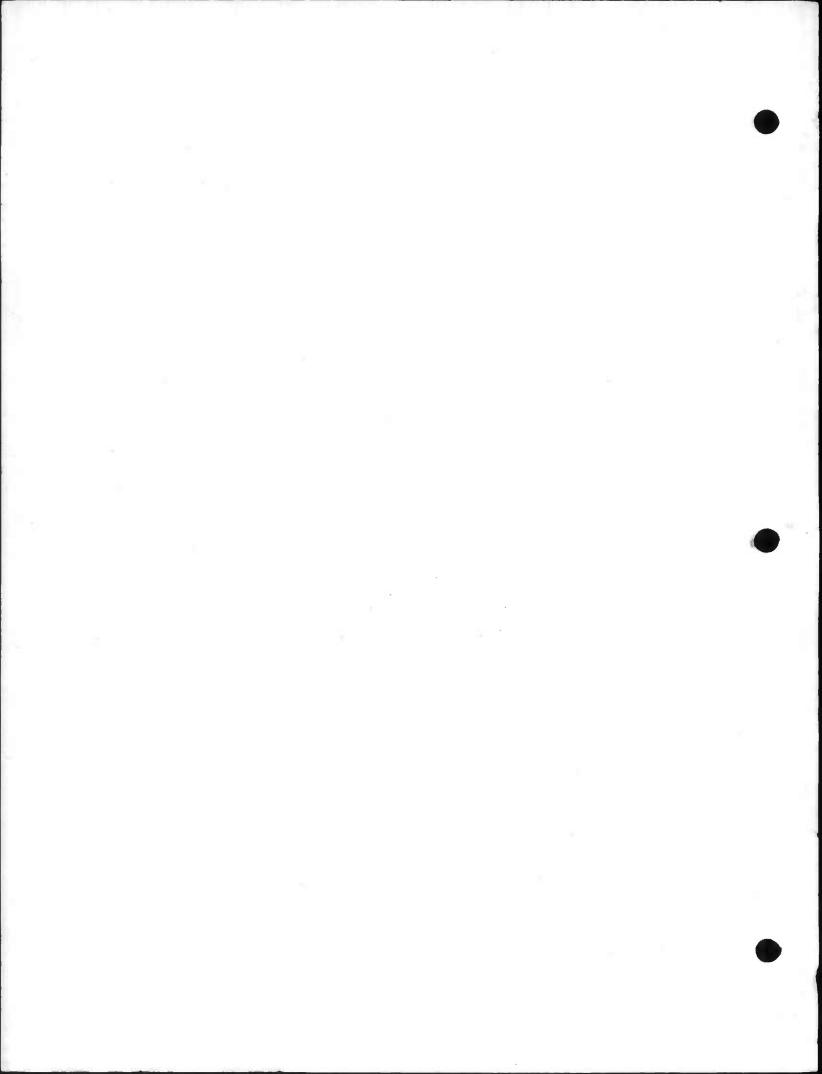
EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be sitten from the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

INPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020	eath. Page 6 may be retained by the hospital or attending physician.
SALTIMORE, N	r death. Page 6 may be re
	hours afte
	2
68760	ate be executed within 24 hours after death. P.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	certificate be e
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	HE HOSPITAL OR ATTENDING F
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	1 - FOR STATE REGISTRAR	OF MARYLAND / DEPARTM CERTIFIC	MENT OF HEALTH AND NEATE OF DEATH	MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) WHY Burne	0.		2. DATE OF OEATH MONTH DAY 8	3. TIME OF DEATH 3: 20 AM						
	4. SOCIAL SECURITY NUMBER 5. SEX 425 07 4815 FOR 2	☐ F 79 YRS. MC	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHE DAYS HOURS MIN.	7. DATE OF AUTH (Month, Disk Yough 17—	8. BIRTHPLACE (State or Foreign MISSISSIPP)						
TOR	9a. FACILITY NAME (If not institution, give street and numb	in togpo	b. CITY, TOWN OR LOCATION OF DE		MO OF DEATH						
DIRECTOR	10a. STATE 10b. COUNTY n/a	10c. CITY, 1	DOWN OR LOCATION BALTIMORE		10d. INSIDE CITY LIMITS? 1XXYES 2 NO						
FUNERAL	100. STREET AND NUMBER 1107 E. 20 th S	TREET	10f. ZIP CODE	1.511	ZEN OF WHAT COUNTRY?						
FUNE	11. MARITAL STATUS TIZ. WAS DE	CEDENT EVER IN U.S. ARMED	21218 13. WAS DECENDENT OF HISPANI If yes, specify Cuben, Mexican	C ORIGIN? (Specify Yes or No-	ITED STATES 14. RACE — American Indian, Black, White, atc.						
BY	3 💢 Xidowed 4 Divorced ARM Y	10/42-11-45	1 TES 2/ NO Specify:		specify: black						
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-	(Give kind of world life. Do NOT use n	k done during most of working etired.)	16b. KIND OF BUSINESS/INC	USTRY						
JMP.	12 th	FACTOR	RY WORKER		CORPORATION						
BE CC	JIM BARNES		A L B E R	AE (First, Middle, Melden Surneme)							
TO B	190. INFORMANT'S NAME (Type/Print) ANTHONY IVORY	196. MAILING AD	DDRESS (Street and Number or Rural R	oute Number, City or Town, State, Zip							
	28a, METHOD OF DISPOSITION 1	20b. PLACE AND DATE OF	E. 20 tb ST	DATE 20c. LOCATION -							
- 31	4 Donation 5 Other (Specify)	DELTA BUF	ZIAL GROUND 22. NAME AND AGGRESS OF FAC	2-23 GREENS/	ILLE, MISS.						
	Bernal D John	201			E. NORTH AVE.						
	23. PART I. Enter the diseases, or complication shock, or heart fallure. Left only or IMMEDIATE CAUSE (Final	a that caused the deeth. Do not e cause on each line.	enter the mode of dying, auch	as cardiac or respiratory arr	Approximate Intervel Between Onset and Death						
	disease or condition resulting in deeth) . Complication of metrodometric condition as a consequence or of										
NO	Sequentially list conditions,										
ICATI	cause. Enter UNDERLYING CAUSE (Disease or injury	Level Failer	0.		1						
CERTIFICATION	that Initiated events resulting in deeth) LAST	TUSTUTO (OR AS A CONSEQUENCE OF):	tate cancer	,	1994						
AL CE	PART II. Other aignificent conditions contributi	ng to deeth but not resulting in	the underlying ceuse given in F	Part I. 24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS						
MEDICA				PERFORMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
				_ ^	1 TYES 2 NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? / HOSPITA	L: Io	28. PLACE OF DEATH (Che	ck only one)							
HYSI	27. MANNER OF DEATH 28s. DA	TE OF INJURY 28b. TIME D	☐ Nursing Home 5 ☐ Residence 8	B Other (Specify) 28d. OESCRIBE HOW INJURY OCC	CURED						
ву р	2 Accident Investigation	onth, Day, Year) INJUR	Y WORK? M 1 YES 2 NO								
	3 Suicide 8 Could not be 4 Homicide detarmined	ACE OF INJURY — At home, ferm, atre ilding, etc. (Specify)	et, factory, office	281. LOCATION (Street and Number City or Town, State)	or Rural Route Number,						
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNEO (Month, Day, Year) 297. SIGNATURE AND TITLE OF CERTIFIER										
F	30. NAME AND AGORESS OF PERSON WHO COMPLETE	exten a few	nd Samal	itan motel	muary 18.1997						
	31. OATE FILED (Morph, Day, Year) 32. REC	1997 Julia Da	vidson-Randall	THE THIE	U V						

DHMH-18 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Everett BELCHER February 20,1997 4:30 P.M. /Medical 4a. Facility Nama (If not Institution, give straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Franklin Square Hospital Center Rosedale Baltimore If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. 8. Data of Birth (Month, Day, Year) 9. Birthpiaca (State or Foreign Sept. 20, 1935 Kentucky 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) 9. Birthpiaca (Stata or Foreign **Funeral** Months 1 XM 2□ F 232-52-8646 61 Yrs. Director Usual Residence of Decedant with the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits or 28a-f show traumatic event, the Medical Examiner must be notified at Md. Baltimore Middle River 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 48 Left Wing Drive 21220 Items 23a Pages 1 and 2 should be filed within 72 hours after death in and thealth and Mental Hygiene.
Int: If Item 27 Is marked other than "natural", or Items 23. Funeral IISA 11. Marital Status 12. Was Decedant Evar in U.S. Was Decedant of Hispanic Origin? (Specify Yes or No-It Yes, spacify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Black. White, atc. Armed Forces 1 Never Married 2 Married ty Yas 2 No Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ XNo Specify: à Specify: White lf Yes, Give Year or Dates: 3 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Eiementary/Secondary (0-12) Collega (1-4or 5+) 12th Operator Beth Steel 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Surnama) Be Andrew Belcher Jr. 20 Flora Ratliff 19a. Intormant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Joyce Belcher/wife 48 Left Wing Drive Baltimore Md. 21220 other t 20b. Piace of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata Date permit. Pages Department of Important: If It any Injury or o 1 XBuriai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Gardens of Faith 2/22/97 Rossville Md. 21. Signature of Funeral Servica Licensaa 22. Name and Addrass of Facility Connelly Funeral Home of Essex mi Approximate the mode of dying, such as cardiac or respiratory arrest, 23a. Part1. Enter the disaasa, or complications that caused the death, shock, or heart tailure. List only one cause on each line. **Physician** Immediate Causa (Final disease or condition resulting in death) /Medical DNU 3 years ancor Examiner Dua to (or as a consequence of) Examiner or Attending Physician: The law requires that the death certificate be associated after death.

Director: After this certificate has been signed by the attending physician and Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) physician is the buriel Box 68760. Physician/Medical Dua to (or as a consequence of): ed by the a Division of Vital Records, P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t d be detact 1 ☑ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed 1 ☐ Yes 2 Ø No 1 □ Yes 2 □ No Be 25. Was case referred to medical examinar? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death Certification: 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Natural 5 Panding 1 Yes 2 No 2 Accident investigation 8 Could not be determined 3 Suicida 28e. Place of Injury - At home, farm, street, tactory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) in by 4 - Homicide Hospital 24 hours Funeral edical 29a. Certifia: 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and dua to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the besis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 24 農 within To the 29b. Signatura and titia of certifier, 29c. Licansa number 29d. Date signed (Month, Day, Year) 0 MO

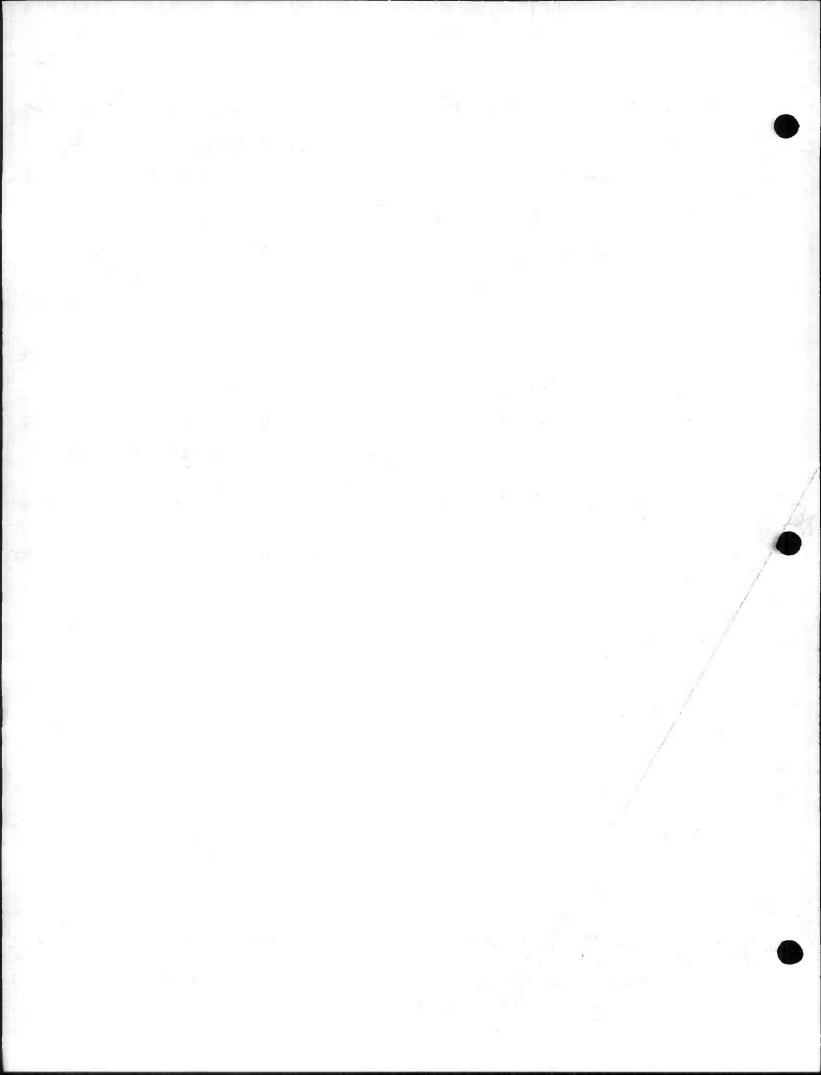
Mohammad Rahnama 9000 Franklin Square Dr. Baltimore, Maryland 21237

State Registrar 30. Name and addrass of person who completed cause of death (Itam 23a) (Type, Print)

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 0.7

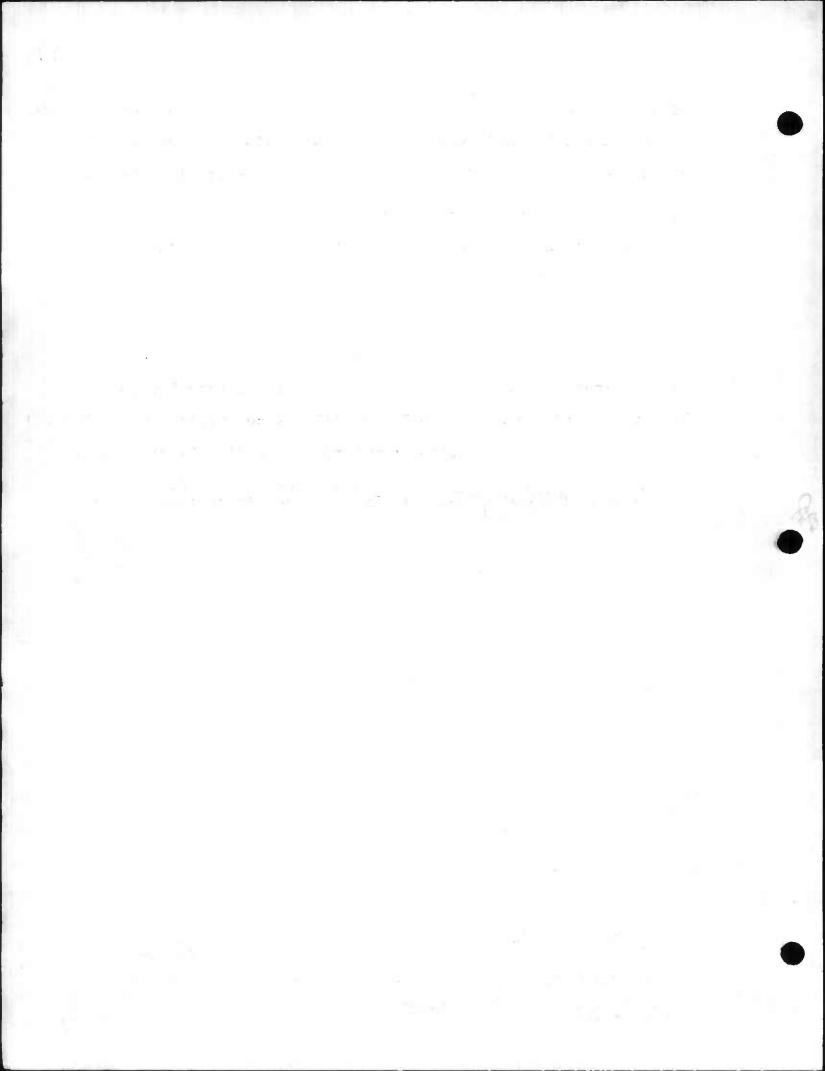
				Glate of Marylar		te of Death		Reg. No.	1 05	046
	Physic	an	1. Decedent's Neme (First, Middle, Last, MARLY L	BRISCOE			2. Dete of De Month	elh Dey	Voor	Time of Deeth
	/Medi Examir	cal	4e. Facility Neme (If not institution, give			4b. City, Town, or	Location of Deelf	12, 14c. County	-	1:30 Pm
7	Exami	ier	St. Agnes	Hospit	al	Bal-	1 .		NIX	1
1	Funeral		5. Social Security Number 6. Sec		Months Months	er 1 Yeer if Under 24 Hrs Deys Hours Min	8. Dete of Bir	th v. Year)	9. Birthplece	(Stelle or Foreign
	Director		Usuel Residence of Decedent	8.	Yrs.		5. 8. Dete of Bir Month, De	25,1909	Mary	yland
	yland		10a. Siele 10b. County	10c. Cit	y, Town or Location				10d. In	nside City Limits
	e Mer	ctor	Maryland NI	A	Baltin	iore			1)	Yes 2□No
	with th	Directo	10e. Street end Number	1	1 1018 101. Z	p Code	-	10g. Citizen of V	Vhet Country?	
	be filed within 72 hours effer death with the Meryland tial Hyglene. Id other than "natural", or flems 23a or 28a-f ahow event, the Medical Examiner must be notified at	Funeral	11. Maritel Status	2\UEAETE 12. Wes Decedent Ever in U	S 13 Was Deco	adent of Hispenic Origin?	Specify Ves or No	14 Bec	e - American Inc	dien
0	x Hen	Fun	1 Never Married 2 Married	Armed Forces? 1 ☐ Yes 2 No if Yes, Give		edent of Hispenic Origin? (Secity Cuban, Mexican, Puer	rto Rican, etc.)	Blac	k, White, etc.	31011,
21215-0020	urai', c	d by	3 Widowed 4 □ Divorced	Year or Dates:	1 □ Yes	2 No Specify:		Specify	o-Ame	erican
15-	n 72 h	Completed	15. Decedent's Edu (Specify only highest gred	cetion e completed)	16e. Decedent's Usi (Give kind of w life. DO NOT	ork done during most of wa	orking	16b. Kind of Bu	usiness/Industry	
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	be filed tai Hygie d other event, u	Bec	17. Fether's Neme (First, Middle, Last)	0 11		18. Molher's Na	me (First, Middle,	Melden Surnem	(0)	
Maryland	should be filed end Menta! Hygi s markad other sumatic event, t	ို	Charles IV	lealey		Nac	omi	Ca	1ay	
Mai	C/ 0 m 6		19e. Informent's Neme/Relationship (Ty	po, Print) daughter	19b. Mailing Address	is (Street end Number or R	_ /	Pr. City or Town	Stete, Zip Code	71715
re,	f Health Item 27 other tr		20e. Method of Disposition	20b. F	Plece of Disposition (Ne cemetery, crematory or	ome of	Pate /	20c. Location -	City or Town, S	CI CI Sitete
imo	Pages nert of I ant: if Ite		1 ABunal 2 ☐ Cremetion 3 ☐ R 4 ☐ Donetion 5 ☐ Other (Specify)	emovel from State	Nood	ALUD S	2/18/97	Balt	0. 1	Nd.
Baltimore,	permit. Pages 1 and Depertment of Health Important: if Item 27 any injury or other to once.		21. Signature of Funeral Service Doesse	(D)	22. Name e	nd Address of Facility		borol	6/0.00	0
	00 E 6 0		Joseph ,	L. Kuss	1 222	w. North	Ave.	Bal	to. Ma	.21216
	Dhuaisian		23a, Party, Enter the dylesse, or compli show or heart fallure. List only or	catteris thet ceused the deat ne ceuse on each line.	h. Do not enter the mo	de of dylng, such es cardia	ic or respirelory e	rresi,	Inter	roximete vel Between et end Deeth
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ta		e Co	25. Wes case referred to medical				10		1 □ Yes	2□ No
Z.	Physician: The law this certificate hes brial director, page 2 s	o B	exeminer?	ospital: 1 Impatient 2	ER/Outpetient 3 D	Othor	eth (Check only only only only only only only only		er (Snecify)	
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Division	i or Attend safter deeth Diractor: /	Certification:	4 Homicide determined	28e. Plece of Injury - At he building, etc. (Specify	ome, ferm, street, facto y)	ry, office	28f. Location (: City or To	Street and Numbern, Stete)	er or Rurel Rou	te Number,
	Hospital or A 24 hours after Funeral Dira letely filled in b	al C	29a. Certifier 1 CertifyIng Phys	Iclan: To the best of my kno	wledge, deeth occurred	l et the time, date end plece	e, end due fo the	ceuse(s) end me	nner es steted.	
_	To the Hospital or Attending is minim 24 hours after deeth. To the Funeral Director: After completely filled in by the funer	fedical	one) 2 Medical Examin	er: On the basis of examine end menner stated.	tion end/or investigetion	n, in my opinion, deeth occi	urred at the time,	dete end place, a	and due to the o	
	5 00 :	Σ	29b. Signeture end fittle of certifier	3 MD	29	c. License number		29d. Dete signed	(Month, Dey,	
А	m		30. Neme and eddress of person who to		100a) /T T '	LOLYYD		tes	12,	1987
			/ ^	0 1 1	1 23e) (Type, Print)	900 CA	TON	Duo -		
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State of Maryland /	Department of	f Health and Menta	Hygiene	9	7
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J	/Medi		LOIS Lou	15 E V	SIR	CH			2	20		:20 Aug
	Examir	ner	4e. Fecility Name (If not institution, give					4b. City, Town,	or Location of Deat	4c. County	of Death	
L			Anne Arundel					Annapo			Arunde	
П	Funeral Director		5. Sociel Security Number 6. S		(In yrs. les		Under 1 Year onths Deys		Ain. (Month, De	th ly, Year)	9. Birthplaca (: Country)	Stete or Foreign
			547-24-2846 Usuel Residence of Decedent						Jan.I	2,1917	Kansas	3
	yland		10a. Stete 10b. County			Town or Locetic	on				10d. In:	sida City Limits
	e Ma	ctor	MD Anne Ar	undel	Anna	apolis					1 1	Yes 2□No
	n 72 hours after death with the Maryland "natural", or items 23a or 28a-f show edical Examinet must be notified at	al Director	10e. Street end Number 1611 Old Mill	Bottom Ru	n		0f. Zip Code 2 1 4 0 1			10g. Citizen of USA	What Country?	
	eep L	Funeral	11. Maritel Status	12. Wes Decedent Ev Armed Forces?	er in U,S.	13. Wes	Decedent of H	lispenic Origin	(Specify Yes or No uerto Rican, atc.)	- 14. Rac	ca - Amarican Ind	lien,
20	or it		1 Never Married 2 Married	1 ☐ Yes 2 ☐ No If Yes, Give)		Yes 2 1 No	Specify:	dorto riloani, atc.)	Specif	ck, White, etc.	
21215-0020	hours ursif,	d by	3 [x] Widowed 4 □ Divorced	Yaar or Dates:							W1111	e
15	C 1 3	Completed	15. Decedent's Ed (Specify only highest grad	de completed)		16e. Decedent (Give kind life. DO I	's Usuel Occup I of work done VOT use retire	eation during most of	working	16b. Kind of B	usiness/industry	
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	e filed at Hygic other vent, n	BeC	17. Fether's Neme (First, Middle, Last)			Tomema	KEI	18. Mother's	Neme (First, Middle,			
/lar	should be nd Mental marked c	To B	Ruben Foster Ho	olton				Leona	Jeanett	e Fran	nce	
Maryland	2 should end Men is marke		19e. Informent's Name/Relationship (7			19b. Meiling A	ddress (Street		Rure/ Route Numb)
	of Health Hem 27 I		Pennie Birch-Me	engers	1	1611 0	ld Mil	L1 Bot	tom Run	Annapo	olis,MI	21401
Baltimore,	ges 1 and 2 should be filed it of Health end Mental Hyg If tem 27 is marked othe or other traumatic event,		20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion 3 ☐	Ramoval from State	20b. Plac	ce of Disposition of Cres	n (Neme of ry or other pie	ce)	Date		City or Town, St	
Ë	ment of I		4 ☐ Donetion 5 ☐ Other (Specify)	rieti				2/21		nore, M	עו
Bal	permit. Page Department of Important: If I any Injury or once.		21. Signeture Funaral Service Licen-	see	1_	Har	me and Addre	ss of Fecility Funer	al Home	P.A.		
	00 = 6 d		Thomas &	Harde	ster	12	Ridgel	Ly Ave	. Annapo	olis, N	1D 214	01
			23e. Part1. Enter the disease, or comp shock, or heart feilure. List only of	dicetions that caused the caused the cause on each line.	ne daeth	Do not enter th	e mode of dylr	ng, such as care	diec or respiratory e	rrest,	Interv	oximate el Between
	Physician / /Medical		Immediete Ceuse (Final								Onsa	t end Death
	Examiner		disaese or condition resulting in deeth)	e. Res	Spice	tory	For	LURE				
		Jer				s e conseque			~		1 15	
	ate be executed hysician and he buriel-transit	Examiner	Sequentially list conditions			OBSTR.		Puru	makey D.	JAME		
Ó	an ar	EX	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying									
8760,	he bu	Ilcai	Ceuse (Disease or injury thet initieted events resulting in deeth) Lest	C	ua to (or e	s e consequenc	a of):					
Ö	law requires that the death certifical as been signed by the attending phy 2 should be detached for use es the	Med	Toolard and doorny Look								İ	
Вох	ttendi or us	Physician/M		d								
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۵.	that the de led by the a detached f		CARDIDIN	10 ONEHU					10	Yes 2 No	3 Probably	4 Otnknown
ds,	signed Id be del	d by	CARDIDING	to result					240 18/00	an eutopsy	24b. Were eut	oney findings
Records,	v require been si should	Completed	MITEM	REGUE	MIL	778~			perfo	med?	evelleble	prior to on of cause
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a	hysician: The la his certificate has il director, page 2		25. Wes case referred to medical	FBRILL	472	~		OC Disco of I		res 201No	1 🗆 Yes	213 No
Division of Vital	Physician: this certific ral director,	o Be	eyaminer?	Hospitel:	2∏ FE	VOutpetient 3	DOA Oth	or:	Deeth (Check only of g Home 5 ☐ Rask		or (Consibil	
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N S	aher deal Director:	Certification:	3 ☐ Suicida 6 ☐ Could not be determined	28e. Plece of Injury building, atc. (- At home	e, farm, street, i	ectory, office		28f. Location (S City or Tox	Street and Numb	per or Rurel Route	Number,
	pital or curs after eral Dir- filled in	Ce		John Marie					Ony or you	, 0.0.0)		
	the Hospital hin 24 hours of the Funeral mpletely filled	edical	29e. Certifier 1 ☐ Certifying Phy (Check only one) 2 ☐ Medical Exami	sician: To the best of riner: On the besis of ex	reminetion	dge, deeth occ n end/or investig	urred et the tin gation, in my o	ne, dete end ple pinion, deeth o	ece, and due to the courred et tha tima,	cause(s) end me dete end plece,	enner es stated. end due to the ca	ruse(s)
	omple the	Mec	29b. Signetura and title of cartifier	and menner stete	u.		29c. Licens				d (Month, Dey, Y	
1	-350						-					
16	RB)		30. Neme end address of person who co	ompleted cause of deal	th (Item 2	3e) (Type: Print	151	1 /		136 0	20, 199	/
1			A. CAPuto		69	1 From	NKLIN	54.	Annape	lis. Md	21401	
	Stat	te	31. Dete filed (Month, Dey, Year) EFR 9.1 1007	32. Registrer's	Signature							

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 05048 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death Month 3. Time of Death 1997 11:04 PM FERRUAREY 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death St. Agnes Hospital Baltimore N/A 5. Social Security Number if Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 10 M 20 F Months Days 241-32-8612 75 Yrs. 1921 North Carolina Usuel Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. tnside City Limits Baltimore Catonsville 1 ☐ Yes 2 No 10e Street and Number 10f. Zip Coda 10g. Citizen of What Country? 164 Cherrydell Road 21228 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No if Yes, Give Year or Detes: 11. Marital Status 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: White 3 Widowed 4 □ Divorced 15. Decedent's Education (Spacify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Nurse Nursing Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Herbert Avery Minnie Pilgreen 19a. Informent's Name/Relationship (Typa, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Charles E. Bloom/son 1209 Poplar Ave. Arbutus, MD 21227 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Buriai 2 □ Cremetion 3 □ Removel from State MD Veterans Cemetery 4 Donation 5 ☐ Other (Specify) 2/21/97 Garrison Forest, MD 21. Signeture of Funeral Service License 22. Name and Address of Fecility
MacNabb Funeral Home, P.A. George E. MacNabb 301 Frederick Rd. Baltimore, MD 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intarval Between Onset end Death Immediate Cause (Final disease or condition resulting in daeth) Due to (or as e consequence of): Sequentially list conditions, if any, laading to Immediate cause. Entar Underlying Causa (Disease or injury that initieted evants rasulting in death) Lest Due to (or as a consequence of): Due to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 | No 3 M Probably 4 | Unknown MABETES 24b. Were autopsy findings 24e. Wes an autopsy

Physician /Medical **Examiner** or Attending Physician: The law requires that the death certificate be executed ettending physician and I for use as the burial-transit Division of Vital Records, P.O. Box 68760. signed by

Physician

/Medical

Examiner

Funeral Director

Be Completed by

Funerai

Director

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Items ?

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permit. Peges 1 end 2 s Department of Health er Important: If Itam 27 is any Injury or other trau once.

other traumatic event.

death with the Maryland

filed within 72 hours efter

Peges 1 end 2 should be

Baltimore, Maryland 21215-0020

Examiner Physician/Medical þ Completed Be 2 Medical Certification: the f by

				performed?	available prior to completion of cause of death?				
				1□ Yas 2₩No	1 ☐ Yas 2 ☐ No				
25. Was casa referred to medical examiner?			26. Place of De	eeth (Check only one)					
1 Yas 2 No	Hospital: 18 Inpatiant 2	☐ ER/Outpatient 3☐ Do	Home 5 ☐ Residence 6 ☐ Other	me 5 Residence 6 Other (Specify)					
27. Manner of Death 1 ⊠Natural 5 □ Pending 2 □ Accident investigation		28b. Time of Injury M	28c. tnjury at Work? 1 Yes 2 No	28d. Describe how injury occurred					
3 Suicide 6 Could not b		home, farm, street, factor	y, office	28f. Location (Street and Number City or Town, Stata)	or Rural Route Number,				
29a. Certifier (Check only one) Certifying Ph	ysictan: To the best of my kr niner: On the basis of examin	owledge, death occurred lation and/or investigation	at the time, date and place, in my opinion, death occ	ce, and dua to tha ceuse(s) and mann curred at the time, date end plece, and	nar es stated. d due to the cause(s)				

29c. License number

MARYLAND

29d. Dete signed (Month, Day, Year)

State Registrar

31. Date filed (Month, Day, Year) FEB 21 1997

JONATHAN

29b. Signature and title of certifier

3449 WILKENS FRENUE SLITE 300

ATTENDING PHYSICIAN

30. Name and address of parson who complated cause of death (Item 23a) (Type, Print)

DHMH 16 Rev 6/95 12

deeth.

after deeth Director:

State of Maryland / Department of Health and Mental Hygiene 97 05049

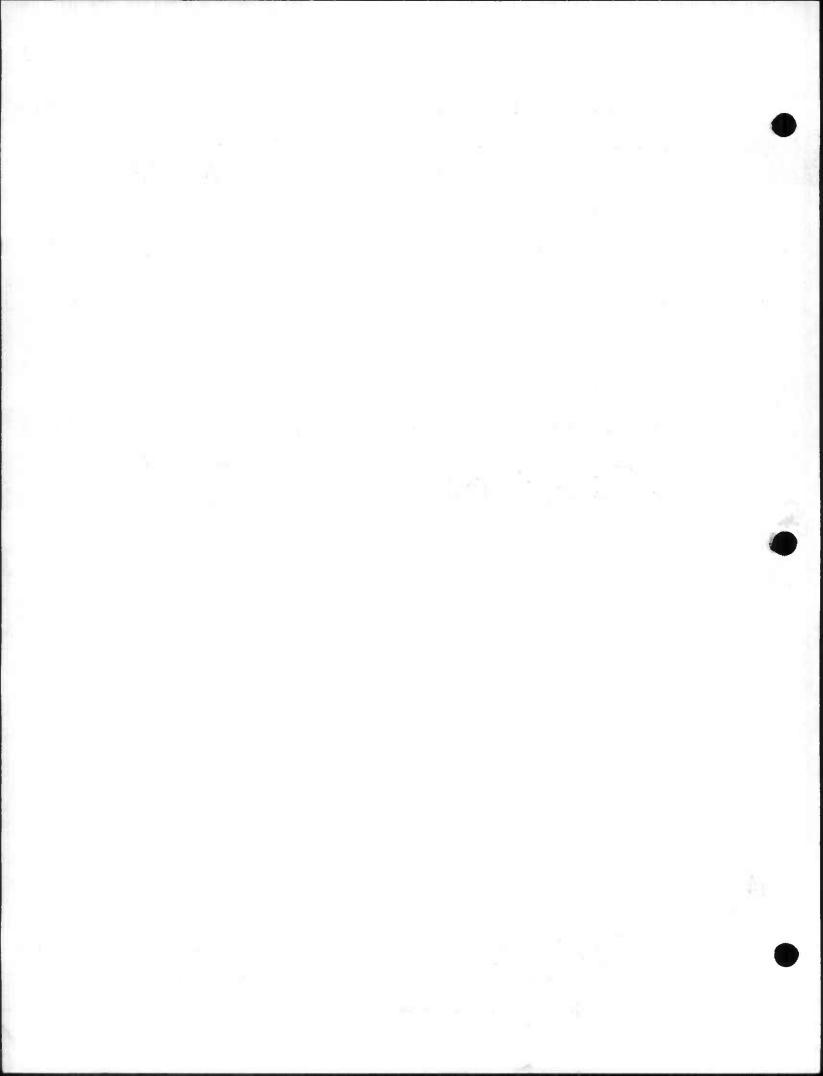
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Rema 23a or 2 ret must be no	듬	10e. Street end Nur	mber					10f. Zip	Code				10g. Cit	tizen of	Whet Cour	ntry?	
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

_				Certificate of Death	Reg. No.	
	Physic	ian	Decedent's Nema (First, Middle, Last)	1 1 0	2. Dete of Death Month Dey Year	3. Time of Death
	/Medi		THELOGA . J, C	2415		97 4 2017
	Exami	ner	4a. Facility Nama (If not institution, give street and number)	4b. City, Town, or Lo	- In the state of	
			CHURCH HOSPITAL		TORE CIT	7
	Funeral Director		224-20-6975 10M 2015	rs. last birthdey) If Under 1 Year If Under 24 Hrs. Monihs Days Hours Min.		inthplace (State or Foreign Country)
	pur *		Usuel Residence of Dacedent 10a. State 10b. County 10c.	City_Town or Location		10d. Inside City Limits
	Se-f sho	Director	MD Baltimore City	Baltimore		1) Yas 2 □ No
	ath with the 23e or 2 uset be n	ral Dire	3013 E. Federal Str	reet 2/2/3	United	States
5-0020	d within 72 hours after death with the Maryland plene. r than "natural", or ferms 23a or 28a-f show the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Wes Decedent Ever in Armed Forces? 1 Yes 20 No If Yes, Giva Yaar or Dates:	n U.S. 13. Was Decedent of Hispanic Origin? (Spilf Yas, specify Cuban, Mexican, Puerto 1 ☐ Yes 2 ☒ No Specify:	ecify Yas or No- Rican, etc.) 14. Rece - An Black, Wt Specify:	nerican Indian, nite, atc.
2-0	72 ho	ted	15. Decedent's Education	16a. Decedent's Usuel Occupation	16b. Kind of Busines	ss/Industry
2121	s within jene.	Completed	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+)	(Give kind of work done during most of work) life, DO NOT use retired)	Dome	stic
	be file tal Hyg d othe event,	To Be C	17. Father's Nema (First, Middle, Last)	18. Mother's Name	a (First, Middle, Meiden Surname)	d
Maryland	2 g m	-	19a. informant's Name (Reletionship (Type) Print)	19b. Mailing Address (Street and Number or Run	al Route Number, City or Town, State	Zip Code)
	s 1 and of Health Item 27 other tr		20a. Method of Disposition 20l	b. Place of Disposition (Name of	Data 20c. Location - City of	or Town, Siate
imo	00 - >		1 ⊠Buriai 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify)	a terry, crametory or other place)	2/24/96 Baltir	nore, MD
Baltimore	permit. Peg Department Important: f any injury o		21. Signatura of Funara Service Licensea	22. Nama and Address of Facility Calvin L. William	ns Funeral Se	ervice
	j.,		23e. Part1. Enter the disease, or complications that caused the di	eeth. Do not enter the mode of dving, such as cardiac	or respiratory arrest	Approximate
	Physician		23e. Part1. Enter the disease, or complications that caused the dishock, or heart failure. List only one cause on each line.			Interval Between Onset and Death
	/Medicai Examiner		immediate Cause (Final disease or condition resulting in death)	TONIA		
		_		o (or es a consequence of):		
	ed sit	in a	b			
,	tificate be executed g physician and es the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	o (or as a consequence of):		1
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	- E m	VMedical	rasulting in death) Lasi	,,		
Box	eath cer attendir for use	clar	Post II Other steel disease and disease and the second state of th		L ant Dillata	
P.O.	the de	hysi	Part II. Other eignificant conditions contributing to death but not		23b. Did tobacco use contribu	
	es that the death ce igned by the attendi be detached for use	by Physician/I	CANDIDA FUNCEMIA	- CONSESTIVE	1 Yes 2 No 3	Probably 4LXONKHOWN
ord	w require been sign	ted	HOART FARLURG, AC	UDE ROWAY	24a. Was an autopsy performed?	b. Were sutopsy findings available prior to
Division of Vital Records,	hes be	Completed	,	2018		completion of cause of death?
e			FAILURE		1 □ Yes 2 □ 440	1 ☐ Yes 2 ☐ No
5	ichn sertifi seto	Be	25. Was case referred to medical examiner?		h (Check only one)	
6	and and and and and and and and and and	10	15 2 pa 110 1 scinpatiant 2		me 5 Residence 8 Other (Sp	pecify)
5		Certification:	1/Natural 5 Pending (Month, Dey Year	28b. Time of 28c. Injury at Work? M 1 Yes 2 No	28d. Dascribe how Injury occurred	
S	Attending r death. gdor: Atten by the fund	Ical	2 Accident Investigation 3 Suicide 6 Could not be Record follows. A		28f. Location (Street and Number or	Dural Paula Number
충	Lost	in a	4 Homicide determined 200. Place of Injury - A building, etc. (Spe	t home, farm, atreet, fectory, office ecity)	City or Town, Stete)	nurar noble Number,
J	A T		29a. Certifier Certifying Physician: To the best of my k	knowledge, death occurred ei the time, date and place,	end due to the ceuse(s) end manner	as stated
-	2 7 7 8	edical	Check only 2 Medical Examinar: On the basis of exam and menner stated.	ination and/or investigation, in my opinion, death occurr	ed et the time, date end piece, end d	ue to the cause(s)
	With To the	×	29b. Signature apositise of gertifier	29c. Licensa number	29d. Daia signed (Mo	
	~		18-9/2	40 02133	8 FERRIALY	19.1997
	10	13	30. Name and eddress of person who completed ceuse of death (i	near non-) (T Dalan)		
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	/Medi			ice Letitis		eTT1			21, 199	7	1:10 a.			
)	Exami	ner	4a. Facility Neme (If not institution				4b. City, Town, or							
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	Funeral Director		5. Social Security Number 045–01–9215	6. Sax 7. A 1 □ M 2 Ž F	Aga (In yrs. lest b	Yrs. If Under 1 Year Months Dey		8. Dete of Bir (Month, De Sept. 2	1916, 1916	9. Birthple Count Conne	ece (Stete or Foreign ry) cticut			
	pue *		Usuel Residence of Decedent 10e. Stete 10b. County		10c City To	wn or Location				110	od. inside City Limits			
	e Maryle	ctor	Md. Balti	more		isterstown					1 ☐ Yes 2 ☐XNo			
	th with th 23e or 28 ust be no	Funeral Director	10e. Street end Number 1730 Oaklan	d Road		10f. Zip Code 211			10g. Citizen of Whet Country?					
020	in 72 hours effer deeth with the Marylend "netural", or items 23e or 28a-f show tedical Examiner must be notified at	by Funer	11. Marital Status 1 □ Never Merried 2 □ Marri 3 □ Widowed 4 ¼ Divorced	12. Was Dacedan Armed Forces ed 1 Yas 2 If If Yes, Give Yaar or Dates	No No	13. Was Decedent of If Yas, specify Cu	ıban, Mexican, Puart	pecify Yes or No o Rican, etc.)		e - Amarica ck, White, e	etc.			
Ş	2 hou	Pe	15. Decedent	's Education	160	a. Decedant's Usual Occ	upation		16b. Kind of B	usiness/Indi	ustry			
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⊆ :	a la b	To Be	17. Father's Neme (First, Middle, Charles Fr	ederick Sen	necal		18. Mother's Nar Bert	ha Ann E		10)				
Jar	SPE	ľ	19e. Informent's Name/Reletions			b. Mailing Address (Stre				-				
2	os 1 and 2 of Health a item 27 is		Nancy Walst	on (Daughte		730 Oakland	Rd., Rei							
allimore,	it of H		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion	3 □Ramoval from Stet	e cemet	of Disposition (Name of ary, cremetory or other p		Dete	20c. Location -					
	t. Pa rtmen tent:		4 Donetion 5 Other (Sp		Met	ro Cremator		, 1997	Baltimo	re, M	d.			
ם	permit. Pages 1 and Department of Health Important: if item 27 any injury or other to once.		21. Signeture of Funeral Service I	le la est	7		ress of Facility Funeral (isterstown		wings M	ille	Ma 2111			
			23e. Pert1 Enter We disease, or shock, or heart failure. List	complications that cause	ed the death. Do						Approximate Interval Between			
	Physician /Medicai	П		•		101	1	1:0			Onset end Deeth			
	Examiner		Immediate Ceusa (Final diseese or condition resulting in deeth)	e	HIZY	eimers	Dem	マヘナリ			10413			
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	e death the atter hed for u	sician	Part II. Other significant condition	na contributing to death	but not resulting	in tha underlying cause of	given in Part I.	23b. Did	tobacco uae co	ntribute to	the cause of death?			
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5	£ 5 5	n: To	27. Manner of Death	28a. Dete of Inj	28a. Dete of Injury 28b. Tima of 28c. Injury et 28d. Describe how injury occurred									
5	Attending For death. ctor: After by the funer	atio	1 ☐ Naturat 5 ☐ Panding 2 ☐ Accidant Invastig											
DISIOI	or Attendin efter death. Director: Att	Certification:	3 Sulcide 6 Could n 4 Homlcide datermi	ned 289. Piece of it	28e. Piece of Injury - At home, farm, street, fectory, office bullding, etc. (Specify) 28f. Location (Straet and Number City or Town, State)									
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	Dhunia		1. Decedant's Nama (First, Midd	lia, Last)					2.	Data of Dea	nth Day	Yaar	3. Tima of Death	
	Physic /Medi		Eileen Coleman						F	ebruar		1997	3:03 P.M	
	Exami		4a. Facility Nama (If not institution	on, giva street and num	ber)			4b. City, To		Location of Death 4c. County of Death				
			St. Joseph's	Hospital				N/A			Balt	imore		
	Funeral	г	5. Social Security Number		. Aga (In yrs.	last birthday)	If Under 1 Y	aar if Undar	Min. 8.	Data of Birtl (Month, Day	h Veer)	9. Birthp	laca (Stata or Foreigr	
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Baltimore, Maryland 21215-0020	s 1 and 2 should I Health and Mer tem 27 is marks other traumatic		19a. Informent'a Name/Ralation			19b. Meili	ng Addraas (S	treet and Numb	per or Rural R	Route Numbe	r, City or Town,	Stata, Zip	Coda)	
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	20 To -000		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation	2 Demonstran St	20b. P	laca of Dispo	sition (Nama e	of r place)	2/	Data	20c. Location -	City or To	wn, Stata	
Ĕ	nit. Page striment of ortant: If i injury or		4 Donation 5 Other (5	Specify)			s Ceme		2/	22/97	No. A	rling	iton, N. J	
alt	ermit. Page lepartment of mportant: If ny injury or fixe.		21. Signature of Funaral Sarvice	Licensee		22	2. Nama and A	ddrass of Facil	lity					
00	Deg para		tene	the last		G	ary L.	Kaufmar	Fune	ral Ho	me at M	eadow	ridge	
	14 1		23a. Part1. Enter the disease, o ahock, or heart failure. Lis	r complications that cal	usad the death	h. Do not ent	ar tha moda of	nungtor dying, such as	a cardiec or n	espiratory ar	riage, rest,	Md.	21227 Approximata Interval Between	
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Records,	v requires that been signed b should be dete									24a. Was a	an autopsy med?	ava	era autopsy findings allable prior to	
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		1	30. Name and address of person	who completed ouuse	of death (Item	23a) (Type,	Print	1.1	1	100)	1,101	180	Mund	
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DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme /First Middle Last) 2. Dete of Deeth **Physician** Month Dingle 2350 February Lorraine, 1997 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Baltimore Funder 24 Hrs. 8. Date of Bir G. Age (In yrs. lest birthdey)
Yrs. aton ursin 5. Sociei Security Number If Under 1 Year 6. Sex 9. Birthpiece (State or Foreign **Funeral** 218-22-2139 1□ M 20 F Deys Director Usuei Residenca of Decedent 10a State 10h. County 10c. City, Town or Location 10d. Inside City Limits an "natural", or items 23a or 28a-f show Wedical Examiner must be notified at Mary land 1 Yes 2 No Director imore 10f. Zip Code 10g. Citizen of Whet Country? aal 9 Funeral 12. Wes Decedent Ever In U.S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Reca - American Indien Bleck, White, etc. 11. Marital Status filed within 72 hours efter 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 No Specify: If Yes, Give Year or Dates: Completed by 3 Widowed 4 □ Divorced - Hmerican t+ro 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuei Occupation (Give kind of work done during most of working file. DO NQT use retired) 16b. Kind of Business/Industry it of Health end Mental Hygiene.

If item 27 is marked other than or other traumatic event, the Ma Coilege (1-4or 5+) the stod tedera 10 7 is marked other traumatic event, if Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Pages 1 end 2 should be nent of Health end Mental 2 19e. Informent's Neme/Relationship (Type, Print) (Son) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Gary Slingerlands Waln 20c. Location - City or Town, State 20e. Method of Disposition

12 Buriei 2 □ Cremetion 3 □ Removei from State 20b. Pleca of Disposition (Neme of camptery, crematory on other plece) Pete permit. Page Department of Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatora of Funeral Service Micensee 22. Name end Address of Eacility

Toseph L. RUS Joseph L. Russ Funer Joseph L. Russ Funer Joseph L. Russ Funer List only one ceuse on each line. Pal Home Balto. Md. 2 1216 Approximete Interval Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Finel diseese or condition resulting in deeth) **Examiner** Physician/Medical Examiner that the death certificete be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest bunial-tran Chronic obstructive Due to (or es a consequence of) Drabetes Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contributa to the ceuse of death? ned by 3 Probably 4 ☑ Unknown 1 Tyes 2 No ò 24b. Were eutopsy findings eveiteble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? The law 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA his 27. Menner of Deeth 28c. injury et Work? 28b. Time of 28d. Describe how injury occurred 5 Pending Investigation 1 Neturel 1 TYes 2 □ No 2 Accident

P.O. Box 68760. ecords to spital or Attending Phynours effer death.
neral Director: After this y filled in by the funeral d Division

Certification: 6 Could not be determined 281. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital o within 24 hours of To the Funeral Di completely filled is Medical 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pieca, end due to the ceuse(s) end manner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end piece, end due to the cause(s) end menner stated. 29e. Certifier 29b. Signeture end title of cartifier 29d. Dete signed (Month, Day, Year) 29c. License number Melitan D D34974 2.17.97. 01 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)
CHARU MEHTA, MD, 5865 Robert oliver pl, # 121, Columbia, MD 20045 31. Dete filed (Month, Dey, Year) 32 Registrer's Smature 22 State FEB 21 1997 Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 05054 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** Arl しらろう 97 03 11.30 AM /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BALT Health CLAK Arine 0.0If Under 1 Year Months Deys If Under 24 Hrs. 5. Sociei Security Number 7. Age (In yrs. lest birthday) 9. Birthplece (State or Foreign **Funeral** Min. Hours South 1 M 2□ F 212-58-6253 Usuel Residence of Decedent Carolina Director Yrs. 26 0 the Maryland 10a State 10b. County 10c. City, Town or Locetion 10d. Inside City Limits Item 27 is marked other than "natural", or items 23a or 28a-f show other traumetic svent, the Medical Examiner must be notified at Maryland 1 Yes 2 No Director more 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? Funeral 100 14. Race - American Indien, Bleck, White, etc. Wes Decedent Ever In U.S. Armed Forces? 11. Maritel Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 72 hours efter 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation
(Give kind of work done during most of working life. DQ NOT use retired) (15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within:
Department of Heelth and Mental Hygiene.
Important: If Item 27 Is marked other than any Injury or other traumatic. Elementary/Secondary (0-12) College (1-4or 5+) lec 1 car 10 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) unr (mother) 19e. Informent's Neme/Reletionship (Type, Print) 20b. Plece of Disposition (Neme of carretery, crematory or other piece) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Bessie Balto, Md. 21216 20e. Method of Disposition 20c. Location - City or Town, Stete Buriel 2 Cremetion 3 Removel from Stete 4 □ Donetion 5 □ Other (Specify) 210r 21. Signature of Funerel Service Licensee 22. Name end Address of Facility Joseph North Ave. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, for heart fell ve. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in deeth) Immune Deficiency Supion Examiner Due to (or es e consequence of): Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Lest and Due to (or es e consequence of): vision of Vital Records, P.O. Box 68760, Physician/Medical the Due to (or es e consequence of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown nutrition by 8 24b. Were autopsy findings eveilable prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? Dehypration 2 No 1 ☐ Yes 2 ☐ No Amending Physician: Be 25. Wes cese referred to medical 26. Piece of Deeth (Check only one) Hospitel: 1 Yes 2 No Other: Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Date of Injury (Month, Dey Year) 27. Menner of Deeth 28c. injury et Work? 28d. Describe how injury occurred 28b. Time of Ather 1 Naturel
2 Accident 5 Pending investigation 1 Yes 2 No death. rector: 3 Sulcide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 \ Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner stated. 29a. Certifier 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) , M.D. 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

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DHMH 16 Rev 6/95

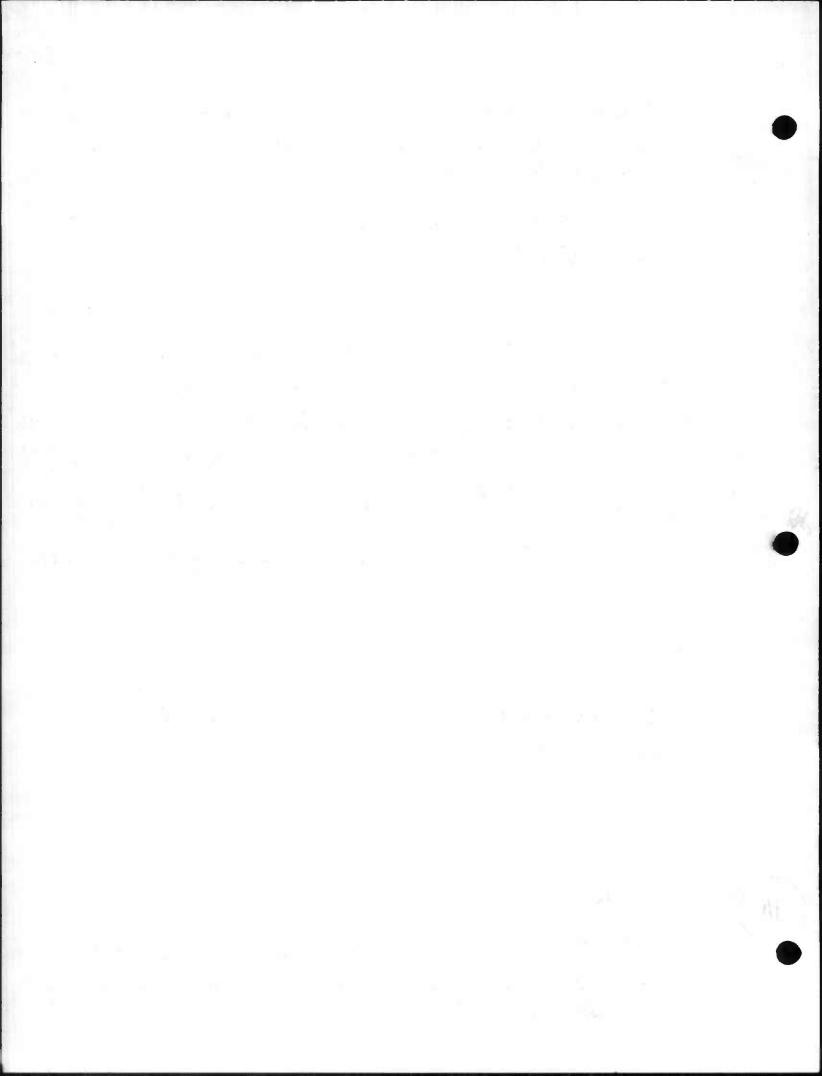
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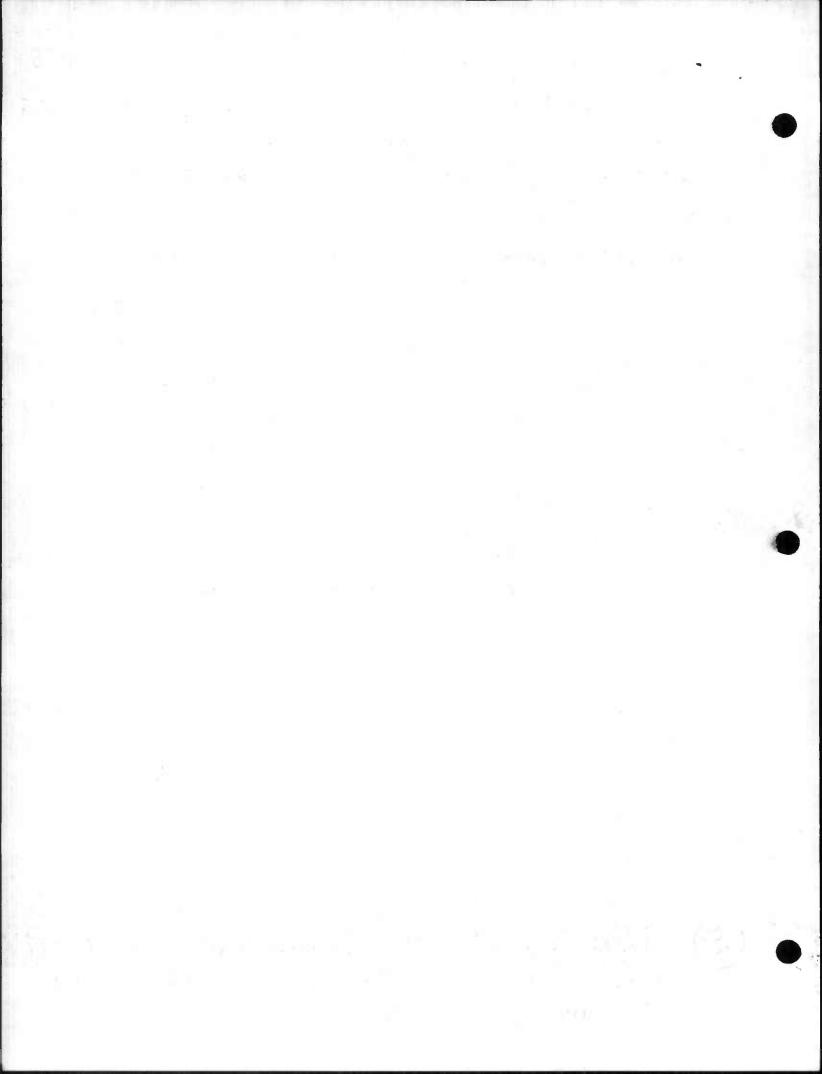
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5-0020	772 hours after deeth with the Maryland "natural", or items 23s or 28s-f show policel Examiner must be notified at	by Funeral		Was Decedent Ever in U.S. Armed Forces? 1 Yes 2 PMo If Yes, Give Year or Detes:	l I	Vas Decedent of I Yes, specify Cub	Hispenic Origin? en, Mexican, Pu	(Specify Yes or No erto Rican, etc.)	USA 14. Rac Bled	e - American Indien, sk, White, etc.	
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Maryland		ToB	BENNIE WESTNER 19a. Informent's Neme/Reletionship (Type RUSALIND SOUH, I	o, Print)	19b. Meilin	g Address (Street		Rural Route Numb	er, Clty or Town,		કે
Baltimore,	permit. Peges 1 and 2 Department of Health Important: If item 27 i eny injury or other tru once.		20e. Method of Disposition 1 Surial 2 Cremetion 3 Ref 4 Donetion 5 Other (Specify) 21. Signeture of Funeral Service Licensee	20b. Ple	netery, crem	sition (Neme of natory or other ple	ess of Fecility C	Dete 2/32/97	20c. Location -	City or Town, Stete	(E
	Physiclan /Medical Examiner	J.	23a. Perf. Enter the disease, or complice shock, or heert feilure. List only one Immediate Ceuse (Finel disease or condition resulting in deeth)	UREM I	A es e conseq	uence of):	ng, such es card	ac or respiretory e	rrest,	Approximete intervel Between Onset end Death	
Box 68760,	death certificeta be executed e attending physician and od for use es the buriel-transit	an/Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Undertyping Cause (Disease or Injury that hitleted events resulting in death) Lest		es e conseques e conseque	uence of):	WC C'A	MUK.			
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۵	Hospital 24 hours Funeral ety filled	fedical Cer	one) Wedicat Examine	ian: To the best of my knowl	edge, deeth on end/or inv	estigetion, in my o	the City, Town, or Location of Deeth BALL BALL BALL BALL BALL BALL BALL BAL	-			
	To the within)	29b. Signature and title of cartifier 30, Neme and eddress of person who com	leted ceuse of deeth (Item 2	W) (Type 5	29c. Licens	10232	1 MB9812	29d. Dete signed	241 10 190-	7
1	5		MARIE BOURS	ROUOT SIV	1A1	Hospita	al of E	BACTIMI	ORE, B	Act. MD	

State Registrar

31. Dete filed (Month, Dey, Year) FEB 2 1 1997

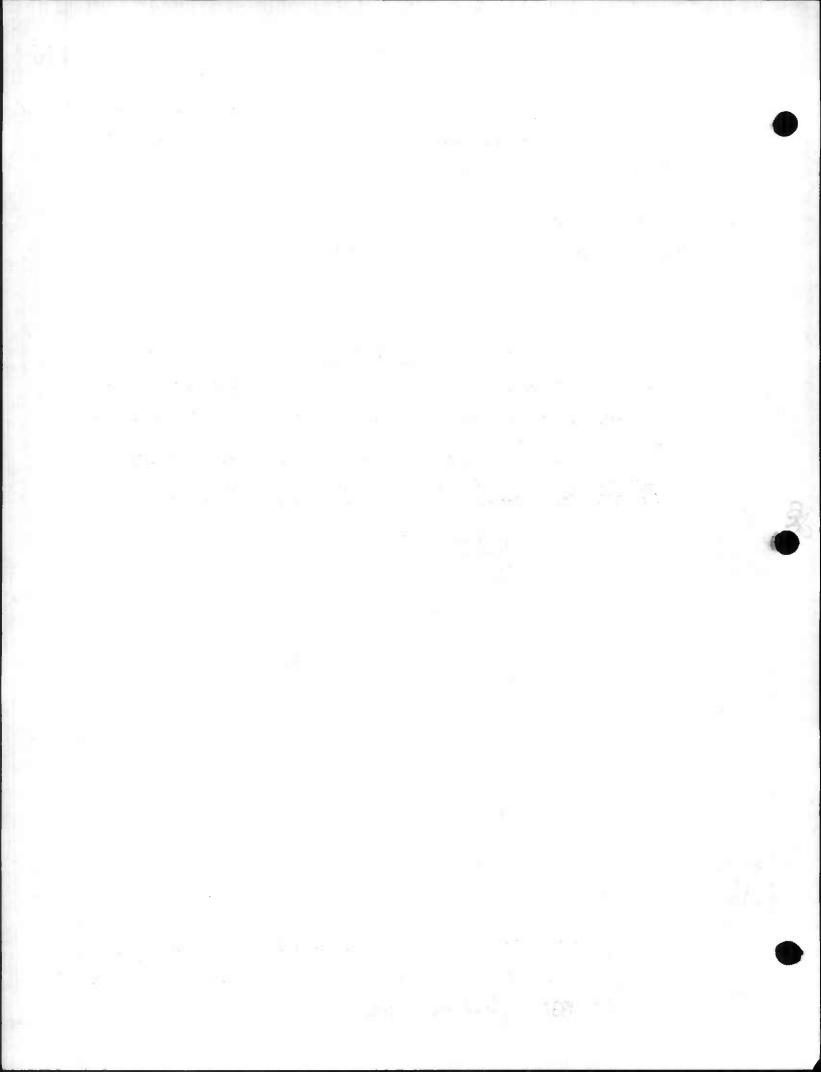


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Dey **Physician** May February 16 7:20 PM mma 1997 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Fallston General Hospital Fallston Harford If Under 1 Year If Under 24 Hrs. | Months Deys Hours Min. 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Yeer) Birthplece (State or Foreign Country) **Funeral** Months 1 ☐ M 2 🖾 F 217-38-9346 Yrs. Director 81 March 14,1915 Baltimore Co.Md. Usuel Residence of Decedent with the Maryland 10e. Stete 10b. County 10c. City, Town or Location rai', or items 23a or 28a-f show Examiner must be notified at 10d. Inside City Limits 1 ☐ Yes 2 No Directo Maryland Baltimore White Marsh 10f. Zip Code 10e. Street end Number 10g. Citizen of What Country? 11007 Philadelphia Road 21162 permit. Pages 1 and 2 should be filed within 72 hours efter death 1 Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a any injury or other traumatic event, the Medical Examiner mentance. U.S.A. Funeral 12. Wes Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11, Maritel Status 14. Rece - American Indien, Bleck, White, etc. 1 Yes 2 No
If Yes, Give
Yeer or Detes: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: þ 3 ☑ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 18b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Housewife 6yrs. n/a Homekeeping 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Christian Samuel Weaver Mamie Catherine Creagh 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2510 Derby Drive Fallston, Maryland 21047 Mrs. Theresa M. Huskins (Daughter) 20b. Plece of Disposition (Neme of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 XBunal 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) St.Stephens Ch.Cem. Feb.19,1997 Kingsville, Md. 21. Signeture of Funeral Service Licens 22. Neme end Address of Fecility E.F.Lassahn Funeral Home 11750 Belair Road Kingsville, Md. 21087 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. **Physician** · Aspiration Preumonia Immediate Cause (Final disease or condition resulting in death) /Medical 14 days Examiner Due to (or es a consequence of): Physician/Medical Examiner iding Physician: The law requires that the deeth certificate be executed buriel-transit Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): vision of Vital Records, P.O. Box 68760. physicien s the burie Due to (or es e consequence of): US0 08 igned by the etter Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? Diabetes Mellitus 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Completed by 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Wes an eutopsy performed? page 2 s this certificate 1 Yes 2 No 1 Tyes 2 No. 25. Wes case referred to medical exeminer?
1 ☐ Yes 2 ☑ No Be 26. Plece of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To furieral 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Affiler 1 Neturel 5 Pending 2 Accident 1 TYes 2 □ No Investigation 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 - Homicide 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and manner es steted.
2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end plece, end due to the cause(s) end menner steted. 29e. Certifier (Check only one) 29b. Signeture end title of cartifier 29c. License number 29d. Dete signed (Month, Day, Year) D34652 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) North Ave Bel Air Maryland 21014

State Registrar

32. Registrer's Signeture

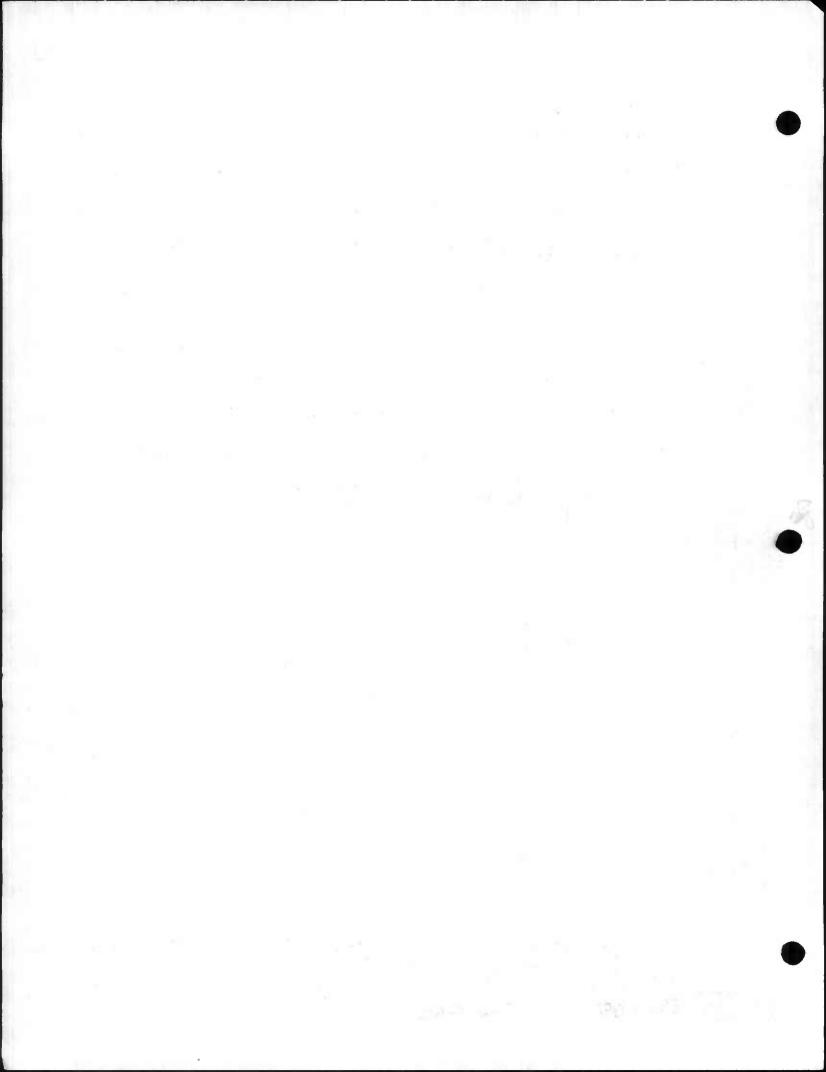


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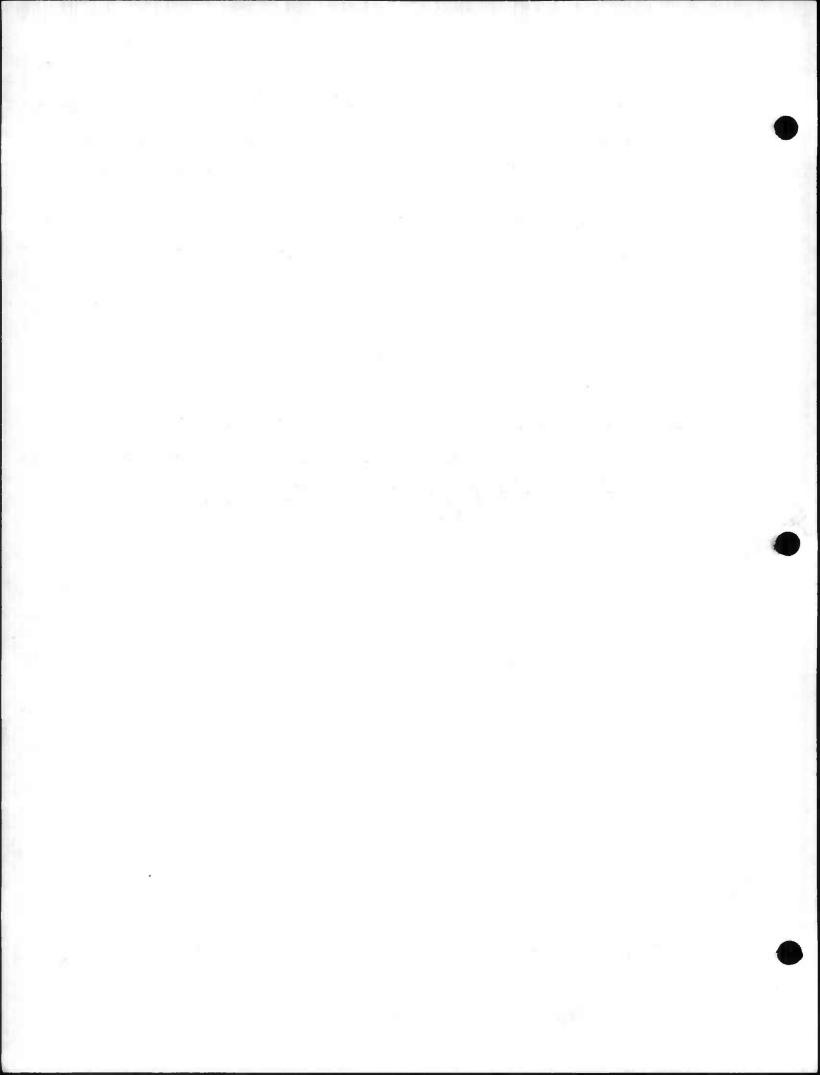
Physician Matherine Sullivan Evans 2. Date of Deem Katherine Ry 19, 1997 3. The of Deem Ry 1997 5.25 P. M. (Action Matherine Sullivan Evans) 40. City, Town, of Location Deem Ry 1997 41.16 Hamilton Avenue 5.77-01-0446 5. Sea 7. Age (fir yrs. last birtholay) 10. City, Town of Location 10. Sea 10. City, Town of Location 10. Sea 10. City, Town of Location 10. City, Town of Location 10. Sea 10. City, Town of Location 1							Cei	rtificat	te of	Death			Reg. No.			
Kitherine Sullivan Evans February 19, 1997 5:25 P.M. ### Control Sullivan Evans February 19, 1997 5:25 P.M. ### Control				1. Decedent's Name (First, Middle, L	ast)								eth			ime of Deeth
## Country of Death Country 40 Country 10			Katherine S	ıllivan	Evans								Dey Year 19,1997 5:25 P.M. 4c. County of Deeth N/A Year) 9. Birthplece (State or Foreign Country) 1914 Washington, D.C. 10d. Inside City Limits 12 Yes 2 No 10d. Inside City Limits 12 Yes 2 No 14. Race - American Indien, Bleck, White, etc. Specify: White Sb. Kind of Business/Industry Own Home aiden Surname) Thornburg City or Town, State, Zip Code) nore, MD 21206 Doc. Location - City or Town, State eltsville, MD Ore, Maryland 21206 Approximate Intervel Between Onset and Deeth Onset and Deeth Approximate Intervel Between Onset and Deeth 1 Yes 2 No 1 Yes 2 No 2 No 1 Yes 2 No 2 No 1 Yes 2 No 2 Dete signed (Month, Dey, Year) 2 J J 0 9 7			
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		Sta	te	31 Date filed (Month, Dey, Yaar)	32. Registra	ar's Signeture	~~~	1)				/



	115	ms: 10a-f per informa 1. Decedent's Name (First, Middle, Le				1	Death	2. Dete of De	Reg. No.	3. Time of Death
Physici /Medi	cai	FR NOVY 4e. Fecility Name (If not institution, giv	The atreat and numbers	F	CASC		4h City Town	Month	lary it	1 1977 8 42 A
Examir Funeral Director	ner	ST. ELIZABETH N 5. Social Security Number 6. S	URSING CEN	TER o (In yrs. les		Under 1 Year onths Deys	BALT] If Under 24 H Hours Mi	MORE rs. 8. Deta of Bi	B.	9. Birthplece (State or Forei Country) NEW YORK
		Usuel Residance of Dacadant 10a. State 10b. County Maryland	N/A		Town or Location	on	Baltimore		1507	10d. Inside City Limit
3a or 28a-f show	Il Director		NE 3320 Ben	son Ave		TOWN Of. Zip Code 1227	10591		10g. Citizen of V U.S.A	
natural', or items 23a or 28a-f show	by Funeral	11. Maritel Status 1 Never Married 2 Married 3 Vidowed 4 Divorced	12. Wes Decedent B Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give Year or Detes:			Decadent of H s, specify Cub Yes 2 No	dispenic Origin? en, Mexican, Pu Specify:	(Specify Yes or Netro Rican, etc.)	o- 14. Red Bied Specify	ce - American Indien, ck, Whita, etc.
	Completed k	15. Decedent's Ed (Specify only highest grade) Elementery/Secondery (0-12)	ducation		lifa. DO f	of work done OT use retire	during most of w	vorking		usiness/Industry
d othe	To Be Co	12TH GRADE 17. Fethar's Name (First, Middle, Last, ANTHONY DETTOR			HOM	EMAKER		leme (First, Middle ANGELOR	a, Meiden Surnen	HOMEMAKING
27 is m		19e. Informant's Name/Reletionship (CHARLES FRASCATI		-	20 S. D	URHAM		Rurel Route Numb	ORE, MD	21231
nent c int: if iry or		20e. Method of Disposition 1 Renial 2 Cremetion 3 4 Donetton 5 Other (Specif. 21. Signeture of Euneral Servica Licar	y)	cem	pe of Disposition of PY HOLI	ry or other ple	ETERY	2/21/97		WN, N.Y.
Departn importa any inju		23e. Penk, Enter the disease, or com shock, or heart failure. List only	LKI	the death.	HUBE 4107	ARD FU WILKE	NERAL HO	OME INC. UE-BALTII iec or respiretory		Approximete
nysician Medical xaminer		Immadiata Cause (Finel disease or condition rasulting in deeth)	. SEP							Interval Between Onset and Daath
idian and burlal-fransit	Examiner	Sequentially list conditions,	b. I SCH	=mi(NEC	rosis	LEF	T 600T	. 13	30045
attending physician a Hor use as the burlal-	edical	Sequentially list conditions, if any, laading to Immediate cause. Enfar Undarfying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	C	·	s e consequenc		EUZ.	DISEA.	se .	20 year
ed by the defached	y Physician/M	Pert II. Other algorificant conditions o		t not resulti	ng In the under	ying cause giv	ven in Pert I.		Yes 2 No	ntribute to the cause of dea
has been sign ge 2 should be	Completed by								s en eutopsy ormed?	24b. Were autopsy finding evelleble prior to completion of cause of death?
8 8	Be Con	25. Wes case referred to medical exeminer?						1 □	Yas 25 No	1 ☐ Yes 2 ☐ No
After Inis Juneral di	ရ	1 Yes 250 No 27. Menner of Deeth 1 Naturel 5 Panding 2 Accidant Invastigation	Hospital: 1 ☐ Inpaties 28e. Dete of Injur (Month, Day	y 28	8b. Time of Injury	DOA Oth	4 La Lavursing	Home 5 Ras 28d. Describe	idance 6 Oth	
hoursalberdeath	Certification:	3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homicida determInad	building, etc	(Specify)				City or To	iwn, Stata)	per or Rural Route Number,
法正书	ledical	(Check only 2 Medical Exan	yelclen: To the best o ninar: On the besis of snd menner sta	axaminetion	idga, daath occ n end/or investi	gation, in my o	pinion, daath oc	ca, end due to the curred at tha time	causa(s) end me , data end plece,	ennar es stated. end due to the ceuse(s)
within 7 To the comple	Z	29b. Signeture end title of cartifier	Russe	11 10		29c. Licens	o 132			d (Month, Dey, Year)
		William.	Illust	J. VI.		D	0,07		r ETSILUAL	5 14, 1997



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

1. Decedent's Name (First, Middle, Last)

GREEN

7. Age (In yrs. last birthday)

73

STREET

12. Wes Decedent Ever in U,S. Armed Forces?

M∑Yes 2 No If Yes, Give Unk Year or Dates:

Cotlege (1-4or 5+)

Yrs.

2. Date of Death FEBUARY Day 8 1997

7:12 M

10d. Inside City Limits

the Menyland with death

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

physician and the burial-transit attending f signed by t Completed peen hes Be 2 this funeral

Division of Vital Certification: Hospital or Attending 24 hours after death. in o Funera Medicai 252 State Registrar

Physician CLARENCE /Medicai **Examiner Funeral** Director 10a State 7 is marked other than "natural", or items 23a or 28a-f shov traumatic event, the Medical Examiner must be notified at MD Director 909 Funeral 11. Marital Stetus permit. Peges 1 and 2 should be filed within 72 hours after a Department of Health and Mentel Hygiene. Illimportant: if Item 27 is marked other than "natural, or Herr any Injury or other traumatic event, the Medical Exempted DIGE. þ 2 OCOLA disease or condition resulting in deeth) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Physician/Medical

4a. Fecility Neme (If not institution, give street and number) 909 E.CHASE STREET 5. Social Security Number 1 ₩ 2 □ F 433-26-5752 Usual Residence of Decedent 10b. County n/a 10e. Street end Number E. CHASE 1 □ Never Married 2 □ Married 3 ☐ Widowed ♣☐Divorced 15. Dacedent's Education Elementary/Sacondary (0-12) 12 th 17. Father's Name (First, Middle, Last) OLIVER GREEN 19a. Informant's Name/Relationship (Type, Print) LEAZER 20a. Method of Disposition XI Burial 2 ☐ Cremation 3 ☐ Removat from State 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatura of Funeral Service Licenses D Immediate Cause (Final

4b. City, Town, or Location of Death BALTIMORE

4c. County of Death

If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 8. Date of Birth October 15, 1923 9. Birthplace (State or Foreign LOUISIANA

10c. City, Town or Location BALTIMORE

10f. Zip Code

1 X Yes 2 □ No 10g. Citizan of What Country?

21202 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.)

Race - American Indian, Black, White, etc.

STATES

BLACK

1 ☐ Yes 🎗 ☐ No Specify: 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

MEDICAL SPECIALIST 18. Mother's Name (First, Middle, Maiden Surname)

MEDICAL

2-24 OWINGS MILLS, MD

LENA

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8604 LUZURNE ROAD, BALTIMORE, MD 21133

20b. Place of Disposition (Name of cemetery, crematory or other place)

20c. Location - City or Town, State Dete

UNITED

GARRISON FOREST VA CEM. 22. Name and Address of Facility

WM. C. MARCH FH.-1101 E. NORTH AVENUE

moon

fions that ceused the death. Do not enter the mode of dylng, such as cardiac or raspiratory arrest, causa on each lina.

Approximata Intarval Batween Onset end Death

Arteriosclerotic Cardiovascular Disease

Due to (or as a consequence of):

Diabetes Mellitus

Dua to (or as a consequence of):

Due to (or as a consequence of)

Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

23b. Did tobacco use contribute to the cause of death?

1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

inspection 1 ☐ Yes 2√2 No

24a. Was an autopsy

24b. Ware autopsy findings avaitable prior to completion of cause of death?

26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify)

1 ☐ Yes 2 ☐ No

25. Was cese referred to medical examiner? XYes 2□ No 27. Manner of Death

Matural 2 Accident

3 Suicide

29a, Cartifier

4 - Homtelda

5 Panding Investigation

6 Could not be determined

28a. Data of Injury (Month, Day Year)

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

28c. Injury at Work? 1 ☐ Yes 2 ☐ No 28d. Describe how injury occurred

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and piece, end due to the cause(s) and manner as stated.

29b. Signature and title of certifier

The dical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) 29c. License number

29d. Date signad (Month, Day, Year) FEBUARY 18,1997

30. Nama and address of person who completed cause of death (Item 23a) (Type, Print)

O.C.M.E.

111 Penn Street, Baltimore, Maryland 21201

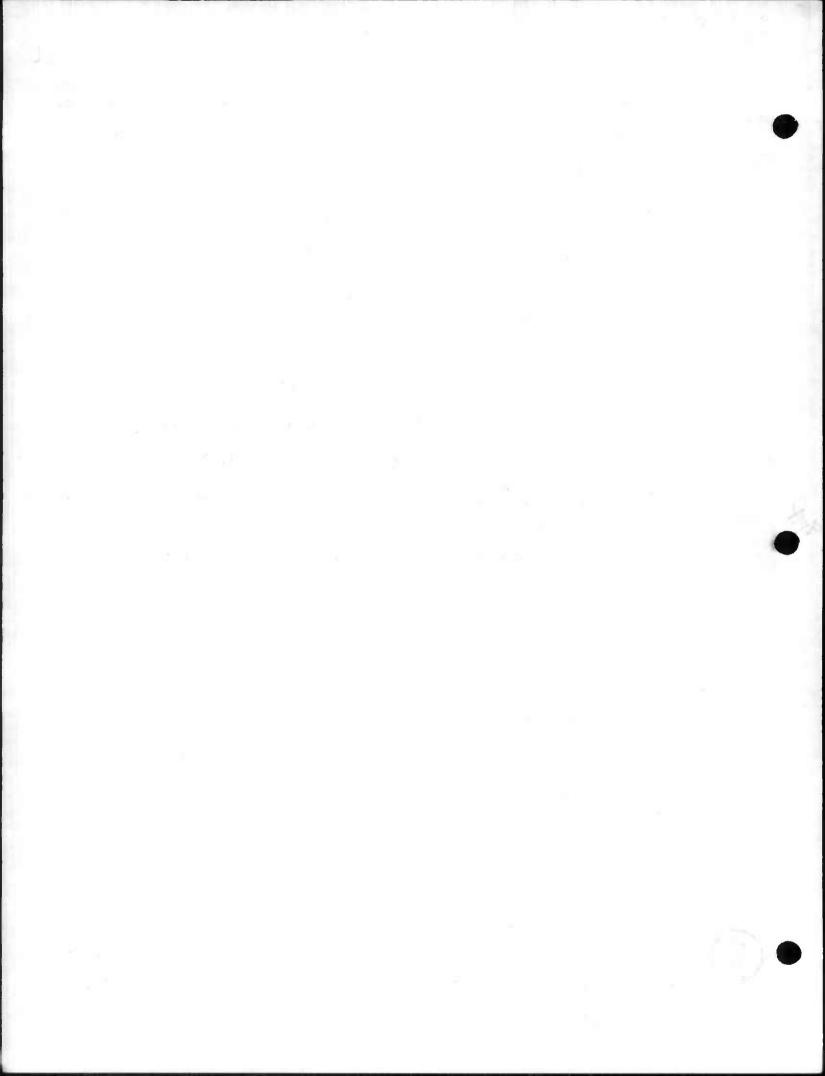
INVIL 31. Date filed (Month, Day, Year)

32. Registrar's Signature

FFB 21 1997

the Davidson-Randell

Powler



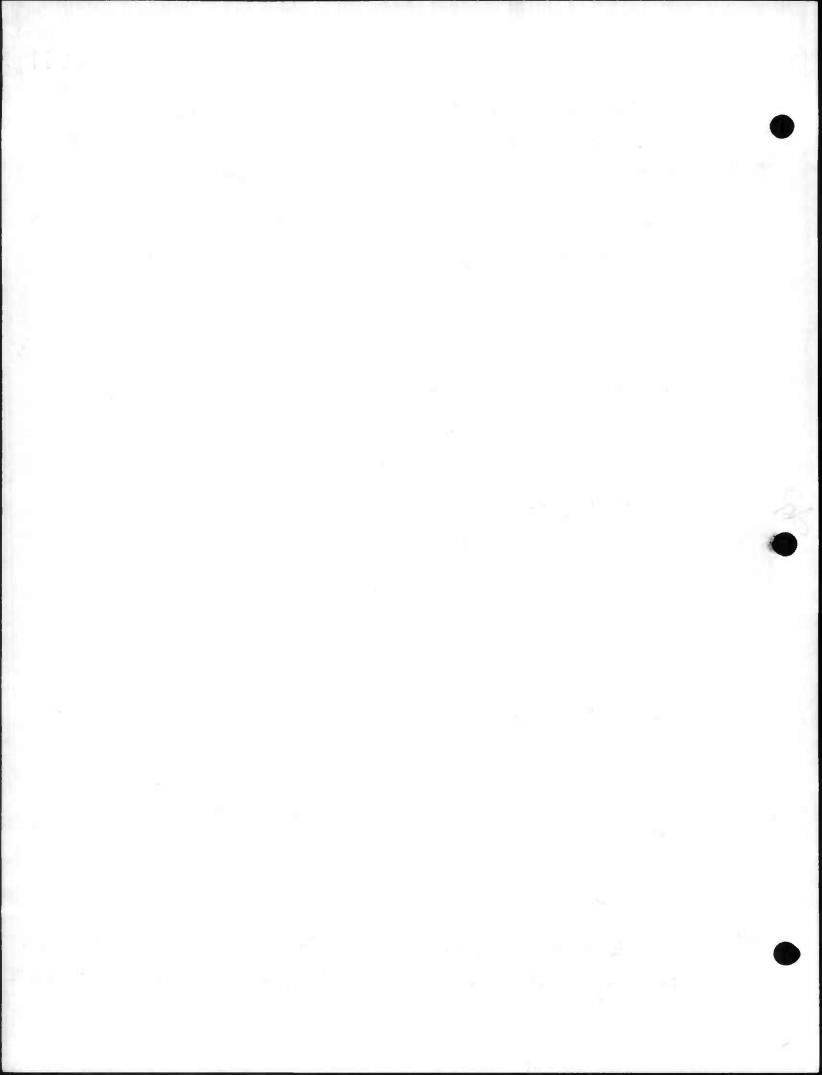
Item8 2-28-97 FilmG744 W.H. Per F/H State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month JOHN C. 1320 GOODWIN 16 Feb /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Kelso DRIVE 8620 White Marst BALTIMORE If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year)

Months Days Hours Min. 1994 26, 1928 5. Social Security Number 6 Sax 7. Age (In yrs. last birthday) Birthpiace (Stete or Foreign Country) **Funeral** 12HM 2□ F 68 215-24-7596 Yrs. Director MARYLAND Usual Residence of Decedent 10a State 10h County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 10d. Inside City Limits 1 Yes 2 No BALTIMORE MARYLAND 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? DR. APT 201 8620 KELSO 21221 USA 12. Was Decadent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11. Marital Status should be filed within 72 hours effer on Mentel Hygiene.

marked other than "natural", or iter 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 20 No Specify: Specify: WHITE by 3 ☐ Widowed 4 ☐ Divorcad Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) CUETIS BAY LOWING CO DECK HAND NA 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Pages 1 end 2 should be 1 nent of Health end Mentel JOHN Joseph GOODWIN BRAUNSCHWeiger 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 end 2: Department of Health er Important: if Item 27 is any injury or other traugings. KELSO BALTO Md 21221 MARGARET L. GOODWIN 8620 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, crematory or other place) Date 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☑ Cremetion 3 ☐ Removal from State CALMATORY 2/20/90 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name end Address of Facility FUNERAL Home HARTLEY 23a. Part1. Enter the disease, a complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Finel 8 years mic myocardia disease or condition resulting in death) Examiner Examiner buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of) Box 68760. Physician/Medical Due to (or as a consequenca of): P.O. Pert tt. Other significant conditione contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ρ Division of Vital Records. 24e. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Be Completed 1 ☐ Yes 2 ☐ No of Attending Physician: offer deeth.

Director: After this certifica 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To 1 Yes 25 No 27. Menner of Death 28a. Dete of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 5 Pending Investigation Naturel 1 ☐ Yes 2 ☐ No 2 Accident in by the 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of tnjury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 24 rburs 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and place, and due to the ceuse(s) end menner as steted.

**Superior of the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the ceuse(s) and manner stated. 29a. Certifier complete complete 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Cwasan enovar (1) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) BALTO 10 2112 DUNDALK AVE., MD 21222 O'DONOVAN, M.D. 31. Date filed (Month, Day, Yeer) 32. Registrer's Signeture Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Dacadant's Nama (First, Middla, Last) 2. Date of Death 3. Time of Deeth **Physician** Dey : 30 Am e February 19 becch 1997 /Medical 4e. Facility Nema (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Gilchrist Center Towson Baltimore 8. Date of Birth (Month, Day, Year) JULY 7, 1939 5. Social Sacurity Number If Undar 24 Hrs. Hours Min. If Under 1 Yaer 7. Aga (In yrs. last birthday) Birthplaca (Steta or Foreign Country) **Funeral** 1□M 2\ F Months Days 475-36-9773 57 Yrs. Director Minnesota Usual Rasidanca of Decedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits mast be notified at Maryland Hennipen Minnetonka Director 1 ☐ Yas 2 X No 10e. Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? death with 10531 Cedar Lake Rd., Unit #520 55305 Completed by Funeral USA 12. Wes Decedant Evar In U,S. Armed Forces? 1 ☐ Yas ② No If Yas, Giva Yeer or Dalas: Was Decedent of Hispanic Orlgin? (Spacify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Raca - Amarican Indian, troumatic event, the Medical Examiner Biack, White, atc. filed within 72 hours after 1 ☐ Navar Marriad 2 ☐ Married 21215-0020 ŏ Specify: White 3 ☐ Widowed 4 Divorced "natural". 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Residential Hygiena. Elementery/Secondary (0-12) Collega (1-4or 5+) Decorating Interior Decorator other Baltimore, Maryland 17. Falher's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Pages 1 and 2 should be finent of Health and Mental int: If item 27 is marked of Ernest Guse Doris Mauer 19e. fnformant's Neme/Ralationship (Type, Print) 19b. Mailing Address (Streat end Number or Rural Routa Number, City or Town, Stata, Zip Code) Heidi K. Matonis/daughter 321 Woodlawn Rd. Baltimore, MD 21210 other 20a. Mathod of Disposition

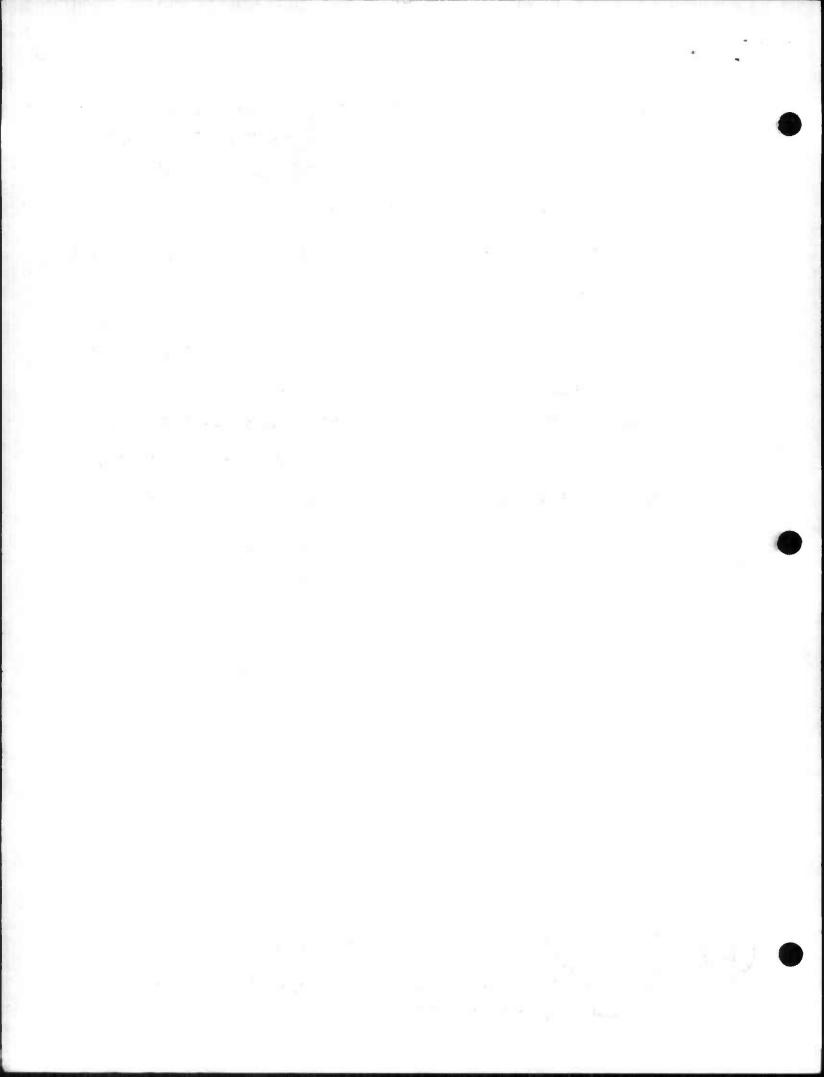
1 Burial 2 Cramation 3 Removal from Stata 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20c. Location - City or Town, Stata Data ò permit. Page Department of Important: If any injury or once. 4 ☐ Donation 5 ☐ Othar (Specify) Metro Crematory, Inc. 2/20/97 Baltimore, MD 21. Signature of Funaral Servica Licansee Dawn ^{22. Nama and Addrass of Fecility} Cremation Society of Maryland, Inc. McDonald 299 Frederick Rd. Baltimore,
23a. Perti. Entar tha disaasa, or complications that caused tha daath. Do not antar tha mode of dying, such as cardiac or raspiratory errast shock, or heert fellura. List only one cause on each line. 299 Frederick Rd. Baltimore, MD 21228 **Physician** /Medical Immediata Causa (Final tallopin tube Ademocarcin oma disaasa or condition rasulting in daath) 6 months **Examiner** Examiner The law requires that the death certificate be axecuted the burial-transit Sequantially list conditions, if any, laading to immadiata ceusa. Entar Underlying Causa (Diseasa or Injury that initiated avants rasulting in deeth) Last and Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, attanding physician Physician/Medical Dua to (or as a consaquanca of) USB BS Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? ate has been signed by page 2 should be detact 1 Yes 2 No 3 Probably 4 Unknown by Completed 24a. Was an autopsy performed? 24b. Wara eutopsy findings aveilable prior to complation of cause of daath? 1 Yas 2 No 1 Yas 2 No or Attending Physician: certifica Be 25. Wes casa referred to madical 26. Place of Death (Check only ona) Hospitel: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidenca 8 BOther (Specify) Houge Ce P 1 Yes 2 No After this 28a. Dete of Injury (Month, Dey Year) 27. Mennar of Deeth 28c. Injury at Work? Certification: 28b. Tima of 28d. Dascribe how Injury occurred 5 Panding Invastigation 1 Netural death. 1 Yes 2 No NA 2 Accident after death 6 Could not be datarmined 3 Suicida Location (Straet and Number or Rural Routa Number, City or Town, Stata) 3 28a. Place of Injury - At home, farm, straet, fectory, offica building, etc. (Specify) 4 Homicide Funeral 29e. Cartifiar Certifying Physician: To the best of my knowladge, daath occurred et tha tima, date and piece, end dua to tha cause(s) end mannar as stated.

| Medical Examiner: On the basis of axaminetion and/or investigation, in my opinion, deeth occurred at the time, dete end place, end due to the cause(s) and mennar statad. Medical Te P (Check only one) To the 29b. Signature of title of souther 29c. Licansa number 29d. Date signed (Month, Day, Year) 25205 February 19,1997 , mo cause of death frem 23e) (Type, Print) 30. Nama and eddrass of person who complate N. Charles St. Balto, md W. A. Riley MO 6701 31. Data filed (Month, Day, Year) State FEB 21 1997 Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Month Year **Physician** HARRIC ILLIE 05:00 pm 19 97 tebouary /Medical 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street and number) 4c. County of Death **Examiner** SAMARITAN HOSPITAL BALTIMORE CITY GOOD If Undar 1 Yaar If Undar 24 Hrs.
Months Days Hours Min. Date of Birth Month, Day, 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign R Commy), VIRGINIA 5. Social Security Number **Funeral** Days Year 912 1 □ M 2 □ F 84 216-09-5372 YES. Director Usual Residence of Decedent permit. Peges 1 and 2 should be filed within 72 hours efter death with the Menyland Department of Health and Mental Hyglene. Important: if them 27 is marked other than "natural", or items 23e or 28e-f ahow any injury or other traumatic event, the Healts Examper mans be nothed as 10b. County 10c. City, Town or Location BALTIMORE 10d. Inside City Limits 1 Nes 2 No Director 10e. Street and Numbar 10f. Zlp Coda 10g. Citizen of What Country? 5427 OMAHA AVENUE 21206 STATES UNITED Funeral 13. Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puarto Rican, etc.) 11. Marital Status 12. Was Decedant Evar In U,S. Armed Forces? 14. Race - American Indian, Black, White, etc. 1 Yes 2 No If Yes, Give Yaar or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas Ž\XNo Specify: BLACK þ Specify. 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education ify only highest grade completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) CRANE OPERATOR 6 th BETHLEHEM STEEL 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surnama) Be 2 PHILL WILLIE HARRIS LUCY EANES 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Coda) 5427 OMAHA NELLIE HARRIS AVENUE, BALTIMORE, MD 21206 20b. Placa of Disposition (Nama of cematery, crematory or other place) 20a. Mathod of Disposition Date 20c. Location - City or Town, Stata V Burial 2 □ Cramation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) CEDAR HILL CEMETERY 2-24 ANNE ARUNDEL co,MD 21. Signatura of Funeral Service Licensee 22. Nama and Address of Facility moon WM. C. MARCH FH.-1101 E. NORTH AVENUE 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or haart failure. List only one cause on each line. Approximate Interval Betwe Onset and Death **Physician** /Medical Immediate Cause (Final 2 waks disaasa or condition rasulting in daath) Examiner Physician/Medical Examiner attending physician and for use as the buriel-transit or Attending Physician: The law requires that the death certificate be executed Sequantially list conditions, if any, leading to Immediata cause. Enter Underlying Cause (Disease or Injury Due to (or as a consequence of): Box 68760. that initiated events resulting in death) Last Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? been signed by the should be deteched 1 ☐ Yas 2 ☐ No 3 □ Probably 4 ☑ Unknown Completed by 24b. Ware autopsy findings available prior to completion of cause of daath? 24a. Was an autopsy performed? 2 No 1 ☐ Yes 2 ☐ No certificate 25. Was case raferred to medical Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 ☐ Inpatlant 2 ☐ ER/Outpatient 3 ☐ DOA After this 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28b. Tima of Injury 28c. Injury at Work? 28d. Describe how injury occurred 5 Panding investigation 1 Natural 1 Yes 2 No aftar deeth. 2 Accident the 3 ☐ Suicide 6 ☐ Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28e. Piaca of Injury - At home, farm, street, factory, office building, etc. (Spacify) filled in by 4 Homicide within 24 hours a To the Funeral D Medical 29a. Cartifier 1 Certifying Physician: To the best of my knowledge, death occurred at the tima, date and place, and dua to the cause(s) and mannar as stated. (Check only one) 2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29b. Signature and title of certifier 29c. License number ans 51010 ad cause of death (Itam 23a) (Type, Print) State Registrar

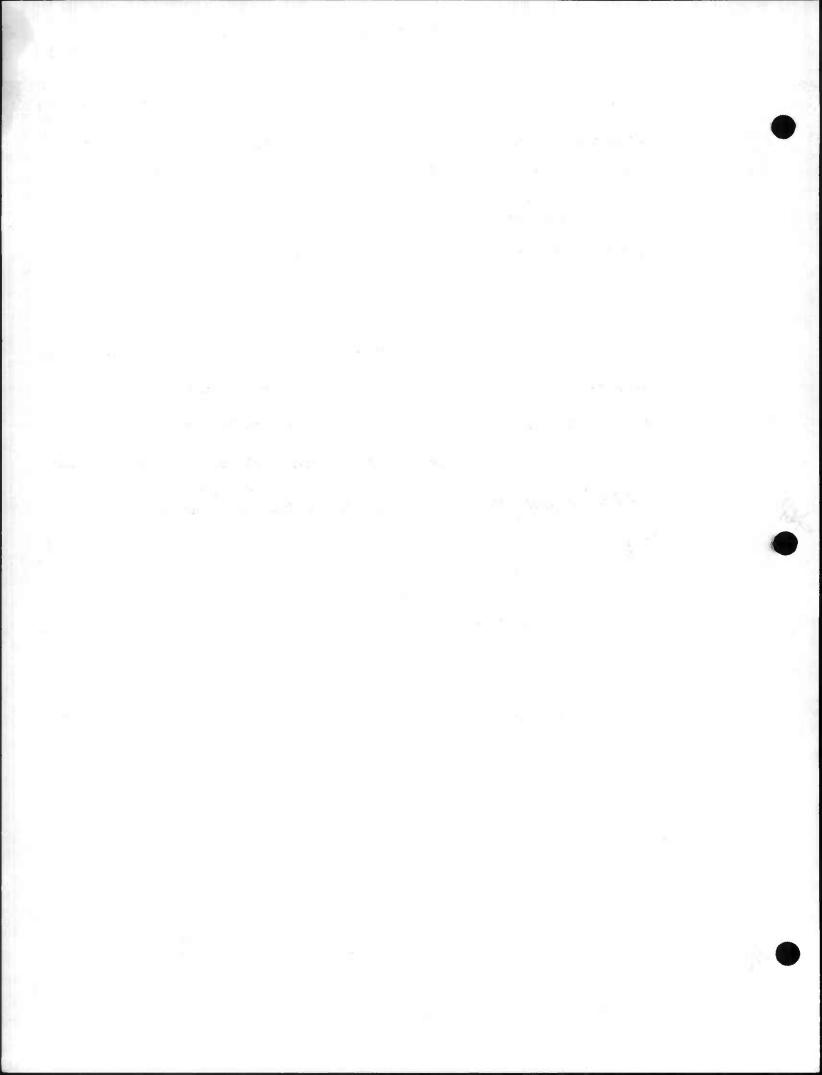


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State of Maryland / Department of Health and Mental Hygiene 97 05064

				•	Certificate	of Death	R	eg. No.		
Physic	ian	1. Decedant's Nama (First, Middla, Lu					2. Data of Deat		Yaar	
/Medi		Jessie H. Hor	ne Jr.				Feb. 16	, 1997	4	4:55am
Exami	ner	III III - III	Control of the second)				4c. County	of Death	
					Killada 4 A					
Funerai Director		406-12-4767			Months F		8. Data of Birth (Month, Day, Nov • 23,	1919	9. Birthplace Country) Kentuc	e (Stata or Foraign CKY
and and		10a. Stata 10b. County		10c. City, Town	or Location				10d.	Insida City Limits
8a-f sho	Director		imore			Essex				1 ☐ Yas 2 ☐ No
ath with the 23a or 2		10e. Street and Number 819 North Marl	yn Ave.			21221				1
72 hours after death with the Maryland "natural", or items 23s or 28s-f show ad cal Expositer mast be notified at	by Funeral	11. Marital Status 1 □ Navar Married 2 □ Married 3 □ Widowed 4 ☒ Divorced	Armed Forces?	7			pecify Yas or No- o Ricen, atc.)	Blac	ck, Whita, atc.	
	eted			16a.	Decedant's Usual C	ccupation	kina	16b. Kind of B	usinass/Indust	iry
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He He		20a. Mathod of Disposition	JI •	20b. Place of	Disposition (Nama	of				
Pages nent of I int: If ite										
교원원중		21. Signature of Funaral Sarvice Lice		Daker	7		19/9/	Pound	, virg	Jinia
Depa Impo	0	19.1100	1 /	1	Marguil	lo Funoral	Service			
	Н	23a Part I. Enter the disease or com	plication that cause	d the death. Do n	3981 C	arrollton R	load Upp	erco M	d. 21	155
Physician /Medical Examiner	er	Immediate Ceusa (Final diseasa or condition rasulting in death)	a progres	SIVE INA	nition					
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certificata be axecuted ording physician and use as the bunal-transit	Exa	if any, leading to immediate	5 1k 1	Due to (or as a c	onsequance or):	Ŀ			1	1.
sicia Psicia e bur	cai	thet initiated avants	· moltiple	Pue to (or as a co	and der	nentia			11	months
ng ph as th	Medicai	rasulting in death) Last		200 10 (01 00 0 0	orisaquanoo ory.					
h cer endir			d							
death se atter	sicis	Part II. Other significant conditions of	ontributing to death b	ut not rasulting In	the underlying ceus	a givan In Part I.	23b. Did to	bacco uae co	ntribute to the	e cause of death?
s that tha death ce med by the attendi e detached for use	by Physician/	4	12 A 2							
e law requiras that has been signed I ge 2 should be det	Completed I		_				24a. Was ar perform	n autopsy nad?	3. Time of Death 4:55am 4:55am 4:55am 4:55am 4:55am Ac. County of Death Baltimore 9. Birthplace (State or Foreit Country)	bla prior to ation of causa
The ata h	Son						1 ☐ Ya	s 2 No	1 □ Ye	es 2 No
Iclan: The certificata rector, pag	Be	25. Wes casa rafarred to medical axaminar?				26. Place of Dea	th (Check only on	a)		
Physic this ce al dire	2	1 ☐ Yas 2 No	Hospital: 1 Inpatie	ant 2 ER/Out	patient 3□ DOA	Other: 4 Nursing H	oma 5 Rasida	nce 6 Oth	ar (Specify)	
Attending Physician: ir death. ector: After this certific by the funaral director,	ation:			y Year) 28b. Ti		Cemetery 2/19/97 Pound , Virginia and Address of Facility ullo Funeral Service Carroliton Road Upperco Md. 21155 Approximate interval Between Oneat and Death Oneat and Death Oneat and Death Cement 1/2 Ceusa givan in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Unknown 24a. Was an autopsy performad? 24b. Were autopsy findings available prior to complation of ceusa of death? 1 Yes 2 No 1 Yes 2 No				
i Date	Certification:		28a. Place of Inj	ury - At homa, fan c. (Specify)	m, straat, factory, of	fice			per or Rural Ro	outa Number,
To the Hospital	edical (29a. Cartifiar (Check only one) Certifying Ph	ninar: On the basis of	examination and	daath occurred at the for invastigation, in	na tima, data and place, my opinion, daath occur	, and due to tha ce rred et the tima, da	usa(s) and ma ita and place,	annar as state	d. I causa(s)
To the rethin re, the	₩ E	29b. Signature and title of certifiar			29c. Li	cansa number	29	d. Data signe	d (Month, Day	, Year)
112		1 OShroede	is med		D	26434		2/19/9	+	
1 3		30. Name end addrass of person who	completed causa of d	aeth (Item 23a) (1	Type, Print)	3	,			
		ARTHUR SCHROEN	RMI) M	DALESEX	HEALTH	CENTER 1	245 E	ASTERN	BUND	BALTO MIZ
Sta	te	TER POPINITION YEAR)	32. Registra	ars Signatura					,	21221

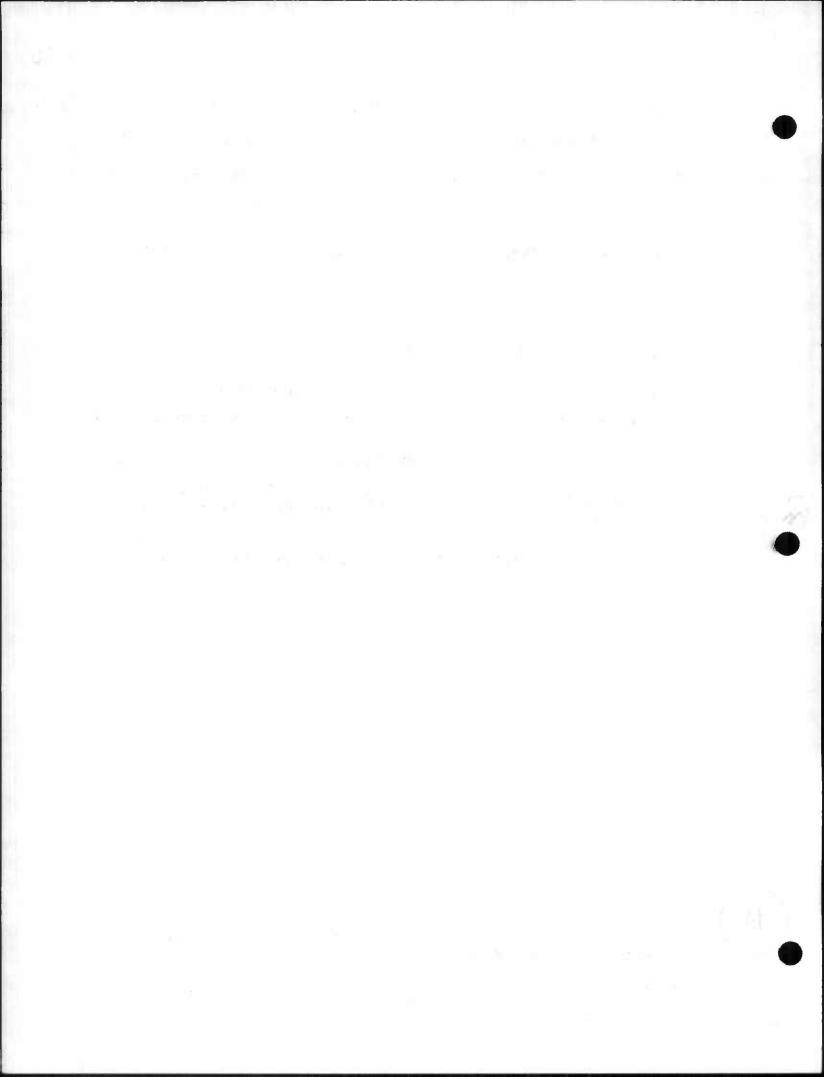
State Registrar



State of Maryland / Department of Health and Mental Hygiene 97 05065

								Cen	tificate	of	Death			Reg. No.			
	Dharala		1. Decedent's Na	ma (First, Middle,	Last)										Vees	3. Tir	ne of Death
	Physic /Medi		JOHN			A			HERO	LD			FEB.			7:5	52 PM
ı	Exami		The second second	(If not institution, g			R.			4				4c. Coun	p. Birthplace (State or Foreign Maryland 10d. Inside City Limits		
Г	Funeral	Г	5. Social Security	Number 6	Sax	7. Age	(In yrs. last bin	thday)		Ab. City, Town, or Location of Death BALTIMORE 4b. City, Town, or Location of Death BALTIMORE 4c. County of Death N/A 9 Caulsian N/A 9 Death County N/A 4c. County of Death N/A 10d. Inside City Limits N/A 10d. Insid							
S	Director		214-01-0 Usuat Residence		1 № M 2□ F		83	Yrs.	Months	Days	Hours	Min.	March 6	, 1913	Man	ylan	ıd
	how		10a. Stete	10b. County			10c. City, Town									10d. Insid	de City Llmits
	the Marylan 28a-f show	cto	Md.	N/A			Balt	imo	re							*C	Yas 2 No
	or 2	Director	10e. Street and N						10f. Zip C		12					intry?	
	s 23e	<u>a</u>		ifton Par				1									
	ter de	Funeral	11. Marital Status	rried 2 🔀 Married	12. Was De	cedant E Forces? 2 DXN		13. W	as Decede Yes, specif	nt of H y Cube	ispanic Or in, Mexica	igin? (Sp n, Puerto	ecify Yes or No Rican, etc.)	14. Re			in,
020	De filed within 72 hours efter death with the Maryland ntal Hygiene. Id other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified.	by		4 ☐ Divorced	If Yes, G	aive		1	☐ Yes 2	No	Specify			Spec		ito	
9-0	2 hor	pe	(0-	15. Decadent's	Education		18a.	Decede	nt's Usual	Occup	ation			16b. Kind of			
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121	filed within Hygiene. other than	S	9th		N/A		(Chau	ffer					•			
and	should be filed and Mental Hygi marked other matic event, II	Be	17, Fathers Name	e (First, Middle, La	st)									Maiden Suma	me)		
Z	d 2 should be th and Mental (7 is marked of traumetic eventual)	To		Herold Name/Retationship	(Time Brint)		10h	Mailine	Addinos /	Ctanat				- 0/4 T		2-0-1-1	
Baltimore, Maryland 21215-0020	d 2 s			y A. Her			29	912	Clift	on	Park	Ter	. Balti	nore, Mc	21:	213	
re,	-755		20a. Method of Di				20b. Placa of	Dispos	ition (Name	of			Date	20c. Location	- City or T	own, Sta	te
m				2 ☐ Cramation 3 5 ☐ Other (Spec		n State							2/21	Balto.	,Md.		
alti	it.		21. Signature of F	uneral Service Lic	ensee (1 11	-			
B	Dep any		()	out	Show	Dh									1/1		
			23a. Part 1 Entar	the dispase, or co	mptications that	causad	tha death. Do n	not entai	tha mode	of dyin	g, such as	cardiac	or respiratory ar	rest,	1	Approx	dmete
d	Physician				,									ate Number, City or Town, Stele, Zip Code) altimore, Md. 21213 ale 20c. Location - City or Town, St Balto., Md. 1 Home a., Md. 21234 piratory arrest, Apprendicts			
	/Medical Examiner		Immediate Ceusa disaasa or conditi	ion	a Art	teri	ioscle	rot	ic Ca	ard	iova	scu	lar Di	sease	ì		
	LAGIIIIII	<u>_</u>	resulting in deeth))			Due to (or as a c								I		
	J Insit	Examiner			b				1						- 1		
ď.	exect n end sel-tra	Exa	Sequentially list of if any, leading to I cause. Enter Und	onditions, Immadiate			Due to (or as a c	onsequ	ence of):						1		
68760,	ysicia ysicia	cal	Cause (Disease of that initiated even	r Injury	C		Due to (or as a c	onseque	anca off.						1		
89 xo	certificate be executed ding physician end use as the buriel-transit	/Medical	resulting In death)	Last	d.				onou or,								
Bo			Death Other for	tel											1		
0	that the death led by the atter deteched for t	Physicia	Part II. Other sign	ficant conditions	contributing to d	death but	t not resulting In	the und	derlying cau	ise giv	en in Part	l.					11
S, P	res that iigned b	by P						_					10	708 2LINO	3 PIC	District	POSITION
ord	v requires been sign should be														24b. V	Vere auto	psy findings
ecc	2 5 5	Completed						-			-		porto		C	omptation	of causa
2	0 - 0	mo.											101	es alkno	1	□Yes	2□ No
Vital Record	ysician: The second second director, per	Be (25. Was case refe examiner?	erred to medical								of Deat	h (Check only o	ne)			
of	Physician: this certific ral director,	2	1 XYas 2			Inpatien			3□ DOA		4 LINI	ursing Ho				ify)	
r c	After After funer	Certification:	27. Menner of Dee Naturel Accident	5 Pending	28a. Dete (Mor	of Injury	Year) 28b. T	ime of njury				Na	28d. Describe h	ow injury occu	ırred		
Division	or Attending after death. Director: After in by the fune	licat	2 ☐ Accident 3 ☐ Suicida	investigati	be an Di-	a of Iniu	ry - At home fer	m etrae	M factory		res 2	NO	28f Location (S	Street and Num	her or Ru	rel Route	Number
οŚ	after after Direction bird	erti	4 Homlcide	determine	build	ding, etc.	(Specify)	111, 20100	n, lactory, t	лпи					Der Or Fig.	al rioute	rvomber,
1	die de	edical C	29a. Certifier (Check only	1 Cartifying P	hysician: To the	e best of	my knowledge,	death o	occurred at	the tim	e, date ar	d placa,	and due to the	ceuse(s) end n	nenner es	stated.	.na/a)
	EAZ A)	Med	one)		and mar	nner stat	ed.	# O1 111V 0				iiii occur					
1	F 36 8	~	29b. Signatuse and	a title of certifier	00	1			29c. l			E.					
-			Ser	mi	Chig	EN	2								•		
	10		30. Name and add			ise of de											
	Sta	10	Dennis 31. Date filed (Mod	chute		Registra			nn St	re	et,	Bal	timore	, Mary	y Lan	d 21	.201
١,	Registr		FEB 21	L 1997	(1 20	culdso	S Marine										

DHMH 16 Rav 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9.7 0.5.0.6.6

			Item: 4c, per F.H. G-7				tificate		Death		Reg. No.	I U	3000	
	Physici	an	1. Decedent's Neme (First, Middle, La							2. Dete of Dea	ath Dey	Yeer	3. Time of Death	
	/Medi	cal	WILLIAM					- (b Ch. Town	FOBRUA		1997	9:20 PM	1
	Examir	ier	4e. Facility Name (If not Institution, glv John Hopkins Bayv					1	b. City, Town, or Baltimore		3 4c. County		N/A	
1	Funerai		5. Sociel Security Number 6. S			lest birthday)	If Under 1 \	Yeer	If Under 24 Hrs	8. Dete of Birt			elece (State or Foreign	1
	Director		233-34-9762	™ 2□ F	61	Yrs.	Months D	eys	Hours Min.	Dec. 13,	y, Year) 1935	West		
	pue M		Usuel Residence of Decedent 10e. Stete 10b. County		10c. Cit	y, Town or Loc	eation					1	0d. Inside City Limits	
	Maryli 4 sho	or	Md. Baltimo	T 0		timore						'	1 Yes 2 No	
	r 28a	Director	10e. Street end Number	16	рал	CIMOTE	10f. Zip Co	ode			10g. Citizen of	What Cour	ntry?	
	th with	al D	134 N. Haven St.					21	205		USA			
	eep .	Funeral	11. Meritel Stetus	12. Wea Decedent	Ever in U,	,S. 13. V	Ves Deceden	t of Hi	spenic Origin? (S n, Mexicen, Puerl	pecify Yea or No o Rican, etc.)	14. Rec	ce - Americ		
20	2 should be filed within 72 hours after death with the Maryland and Mental hygiene. Is marked other than "natural", or items 23s or 28s-4 show farmatic event, the Medical Eventher marks a notified at	by Fı	1 ☐ Never Merried 2 ☐ Merried 3 Æ Widowed 4 ☐ Divorced	1 ☐ Yes 2X If Yes, Give	No		☐ Yes 2√2		Specify:	,	Specif		ite	
Maryland 21215-0020	2 hour		15. Decedent's Fe	Yeer or Detes:		16e. Deced	ent's Usuel O	Occupa	ation		16b. Kind of B	usiness/Inc	dustry	_
215	hin 72 nn 'ne Medi	Completed	(Specify only highest gra Elementary/Secondery (0-12)	de completed) Coilege (1-4or	5+)	(Give I life. D	kind of work o	one o	furing most of wor)	rking			,	
2	or the	Сош	9	College (1-40)	J+,	Reinfo	orcer				Constr	uctio	n	
pue	d oth	Be	17. Father's Name (First, Middle, Last, Robert Harless	1						ne (First, Middle,		ne)		
Z	hould d Mer marke	2	19a. Informant's Neme/Relationship (Time Orint)		10h Mailin	a Address /C	Man ad a	Bertha and Number or Plu	Blackb		Chata Zin	Codel	
Ma	ith an 27 le r		Dianna Lynn Harle						Street,					
re,	f Hea f Hea ftem 3		20a. Method of Disposition			Plece of Dispos	ition (Neme	of place	e)	Date	20c. Location	- City or To	wn, State	
m	Page nent o		1 ☆ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif)	Vey Cer	-	piec		2/21/97	Sulliv	an.WV		
Baltimore,	permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: If Nem 27 is marked other than "n eny injury or other treumatic event, the Med 2008.		21. Signeture of Funerei Service Licer	isee ,		22.	Neme end A		s of FecilityW1]	liams-B	lue Rid	ge Fu	neral Home	2
Ф	20 = 29		Dame /	Rhilly	ro				Sophia,V					
			23a. Part1. Enter the disease, or com shock, or heart feilure. List only	plications thet ceuse one cause on each l	d the deetl ine.	h. Do not ente	r the mode o	f dyin	g, such es cerdied	or respiratory ar	rest,		Approximete Interval Between	
	Physician /Medical		Immediate Causa (Finei										Onset end Deeth	
	Examiner		diseese or condition resulting in deeth)	. VENTY	2100	LAR	FIB	RI	LATIO	7		4	3 DAYS	-
		Jer		. VENTY	Due to (o	or es a consequ	uence of):		DI SOAS	E		1	0 4000	
	ficate be executed physician and is the bural-transit	Examiner	Sequentially list conditions,	b. Copur		r as a consequ			7130				0 YEARS	
50,	oe exe cian a surial-		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury	. DIABE	TES								10 YEARS	
68760,	physicate sthe t	edicai	Cause (Disease or injury that initiated events reaulting in death) Last			r es e consequ						i		
				d. Hyper	CHO	LES TE	ROLE	m	A			- t	O YEARS	
Box	The law requires that the death certi te has been signed by the attending rage 2 should be detached for use a	Physician/M	Pert II. Other significant conditions of	potributing to death I	out not resi	uiting in the un	derlylon caus	e div	on in Port I	23h Did i	obacco use co	ntribute to	the cause of death?	2
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Is,	igned be de	by												
oro	v require been sign	Completed by								24e. Wes perfo	an autopsy med?	av	ere autopsy findings ailable prior to moletion of cause	
Rec	The law ate has b page 2 s	mpi											mpletion of cause death?	
a			25. Wes case referred to medical				· · · · · · · · · · · · · · · · · · ·		00.51	1 0	_	10]Yas 2□No	
>	Attending Physician: r death. ector: After this certific by the funeral director,	To Be	examiner?	Hospitei:	ent 2	ER/Outpatient	3□ DOA	Othe	A CT	oth <i>(Check only o</i> Iome 5 ☐ Resid		ner (Snerif	v1	
10	g Phy er this		27. Menner of Deeth	28a. Dete of Inju		28b. Time of Injury		Injury Work		28d. Describe I			,	_
Sion	death. ctor: After y the fune	atio	2 Accident investigation	1	y routy	mjury	M		Yes 2 □ No					
Division of Vital Records, P.O.	or Att	Certification:	3 Suicide 6 Could not be determined	28e. Piece of In building, e			et, fectory, of	ffice		28f. Location (5 City or Tox	Street and Numi vn, Stete)	ber or Rura	I Route Number,	
	Hospital of 24 hours at Funeral D risky filled I		29e. Certifier 1 Certifying Ph	veiden. To the heat	of my bac	winden dast	Annument of "	he st-	o date and -la	and due to the	naugalat and	0000101	teted	
	Fun Petery letely	edicai	(Check only one)	ysician: To the best niner: On the basis of end manner si	f examine	tion end/or inv	estigetion, in	my or	oinion, deeth occu	rred et the time,	date and pleca,	enner es si and due to	the cause(s)	
	PAPE PAPE	¥.	29b. Signature and title of certifier	0				icen <i>s</i> e	number		29d. Date signe			
/	20		Sydneyer	Leson	PHy.	SICIAZ			2600	F	EBRUF	my	17, 1997	
(KR)	30. Name and eddress of person who				rint) do	May	5 HOPK	INS H	SPITA	10002	600	-SE
1			STONEY MORSS,	.0.	NOR		Nor	-11-1	WOLFE	smeet	BACI	2	(000 61 mary car 1287	
	Sta Registr		31. Date filed (Month, Pay, Year)	Pulia Davidos	era Sign	rure)								

State of Maryland / Department of Health and Mental Hygiene 97 05067

	Item	19b	FilmG744 per FH 2-2	4-97 rja		Certific	ate of L	Death		Reg. No.	, ,	03001
	Physic		Dacedant's Nama (First, Middla, L BESSIE	ast) HOCKENBU	'RY				2. Data of D Month Februa	eath Day	Yaar 1997	3. Tima of Death
	/Med Exami		4a. Facility Nama (If not institution, gi	ve street and number)			4	b. City, Town, or	Location of Dea			10.000
	Funeral, Director		092-10-3568	pice at Merc Sex 7. Aga (In) 1□ M 2⊠ F 103	yrs. last bir	thday) If Un Monti	der 1 Yaar	Baltimo If Undar 24 Hr. Hours Mir	s. 8. Data of B	N/A irth lay, Yaar) r 18,1893	9. Birthp Coun New Je	lace (Stata or Foraign fry) ^Sey
	and		Usual Rasidence of Dacadent 10a. Stata 10b. County	10c.	City, Town	n or Location					1	Od. Insida City Limits
	with the Maryland a or 28a-f show be notified at	Director	Maryland N/A		timore							1 Yas 2 No
	hours effer death with the Manyand tural', or fame 23a or 28a-f show at Exactor rount be notified at	Funeral Dire	10e. Street and Number 4212 Sheldon Avenue 11. Marital Status	12. Was Dacedant Evar i	- 11.6		Zip Coda 21206			10g. Citizen of V United Sta	ates	
020	n 72 hours efter death w "natural", or itams 23a	by	1 ☐ Never Marriad 2 ☐ Marriad 3 🛣 Widowad 4 ☐ Divorced	Armed Forcas? 1 Yas 2 No If Yas, Give Yaar or Datas:	10,5.	If Yes, s	pecify Cubar	, Maxican, Pue	Specify Yas or N rto Rican, atc.)		e - Amarica ck, Whita, a v: Whit	atc.
2-0	in 72 ho	eted	15. Decedant's E (Specify only highest gi	ducation	16a.	Decedant's U	sual Occupa	tion uring most of wo	arkina	16b. Kind of Bu	usina ss/Ind	lustry
Maryland 21215-0020	iene. than	Completed	Eiamentary/Secondary (0-12)	College (1-4or 5+)	Tel	lephone (T use retired)		orking	Telephone	e Comp	anv
g	ai Hygi other	Be C	17. Fathar's Nama (First, Middle, Las	1)	10.	cpriorie (ma (First, Middle	a, Maidan Sumem		arry
<u>a</u>	Aentai Aentai rked o tic eve	To B	John H. Hill					Delia To	urbitz			
and	should and Men america		19a. Informant's Name/Raletionship	(Type, Print)	19b.	Malling Addr	ass (Street a			ber, City or Town,	Stata, Zip	Coda)
	and 2 saith e 127 is or tra		Robert Kennedy	Grandson	421	12 -Shale	den Aver	nue Bal	timore, MI	21206		
Baltimore,	Pages 1 nent of He nt: If Item iry or oth		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 [4 ☐ Donation 5 ☐ Other (Speci	Removal from Stata	b. Place of cematar	Disposition (f y, crematory o	Vama of or other place		Data	20c. Location -		
Baltil	permit. Pages 1 and 2 should be filed Department of Health and Mental Hyg Important: If Item 27 Is marked other any Injury or other traumatic event, once.		21. Signatura of Funeral Sarvion Los	110	irkwood		and Addrass		2/22/9/ 5305 Ham	Baltimore, ford Road	, Mary	land
			23a. Part1. Entar tha disaas (a conshock, or haart failure.	malle				ck, Inc.	Baltimore	e, Maryland	1 212	14
)	Physician /Medical Examiner	ler	Immediata Causa (Final disease or condition resulting in death)	a. PRUBARICE		//E/P/A		100				Intarval Between Onsat and Deeth
Č,	entificate be executed ling physician and se es the buriel-transit	i Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury thet initiated avents	b. — Dua to	o (or as a c	onsaquance o	of):					
0x 00/00,	ing ing	n/Medical	that initiated avents rasulting in daath) Last	Dua to	(or es a c	onsequance o	rf):					
Ď	d for	cla	Dod II. Other plantileast and distance		141				1			
, P.O. DOX	requires that the death ce een signed by the ettendi hould be deteched for use	/ Physician	Part II. Other significant conditions of	ontributing to death but not	rasuiting in	tha undariying	g causa givar	n in Peri I.		Yes No		the cause of death? ably 4 - Unknown
DIVISION OF VIVAL RECORDS,	aw requires as been sign 2 should by	Completed by								s an autopsy ormed?	ava	ra autopsy findings liable prior to aplation of causa leath?
5	E se a									Yas 2010		Yas 2 No
=	detificate rector, pag	Be	25. Was casa rafarred to medical axaminer?	Hospital:					eth (Check only	ona)STELLA	MARI	S AT MERCY
5	Physic rathis ral di	on: To	1 ☐ Yas 2 € No 27. Mennar of Deeth 1 € Netural 5 ☐ Panding	Hospital: 1 Inpatiant 2 28e. Data of Injury (Month, Day Year)	28b. T		DOA Other	4 LI Nursing F	7	idance 6 10ths how injury occurr	1-1 21) HOSPICE
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/	n 24 hours	edical C	29a. Cartifiar (Check only one) 12 Certifying Ph 2 Medical Exam	ysician: To the best of my k ninar: On the basis of axami and mannar stated.	nowledge, nation and	daath occurre /or invastigation	ed at tha tima on, in my opli	, deta and place nion, deeth occu	a, and dua to tha urred at the tima,	cause(s) end madate and place, a	nnar as sta ind dua to	ited. the cause(s)
	A (M	29b. Signature and title of certifiar	Denon		2	29c. Licansa			29d. Data signed	1111111111111111	
3			30. Name and eddress of person who		am 23a) (1	Type, Print)	581	0 80	TAIR	RD 206	7 -	, ,,,,
	Sta Registr	••	31. Deta filed (Month, Day, Year) FFR 9.1 1007	32. Registrar's Sig	natura							

DHMH 16 Rev 6/95

TO THE SECOND

State of Maryland / Department of Health and Mental Hygiene

05068

					Certificate	e of	Death	Re	g. No.	21	03000
E CONT		1. Dacedent's Neme (First, Middle	Last)					2. Deta of Death	h	7.5	3. Time of Death
	/sicia ledica	36 - 5 D 111	mmelfarh					Month	Day 1.0	Yeer	12:50AM
	amine	An English Name of and Inchination)			4b. City, Town, or	February Location of Deeth	y 14 19 4c. County		12:30AM
		5301 Westba	rd Circle				Bethesda		Montg	gomery	У
Fune	eral	5. Sociel Security Number	3. Sex 7. A	ge (In yrs. last bi	Months	1 Year Deys	If Under 24 Hrs Hours Min.		Year)	9. Birthp	olace (State or Foreign http) Taska
Direc	tor	552 24 0243 Usuei Residence of Decadent	IUM ZUF	79	Yrs.			Aug 26,	1917	Nebi	ráska
ylan	10	10a. State 10b. County		10c. City, Tow	m or Location					1	Od. Insida City Limits
Ma -1-		Maryland Montgo	nerv	Bethes	da						Yas 2 No
تا با م 28	200	Maryland Montgo 10e. Street end Number			10f. Zip	Code		10	Og. Citizen ot \	Whet Coun	itry?
th w 23s	1		ircle Apt #	440	208	816			US	SA	
r dea		5301 Westbard C 11. Marital Status 1 Naver Married 2 Marrie	12. Was Decedant Armed Forces		13. Was Deced	ent of I	lispanic Origin? (S an, Mexican, Puer	specify Yas or No-		e - Amaric	
Maryland 21215-0020 d 2 should be filed within 72 hours after death with the Maryland th and Mental Hygiena. The marked other than "natural", or items 23a or 28a-f show	- Calmin	3 Widowed 4 □ Divorced		(No	1 ☐ Yes 2			, , , , , , , , , , , , , , , , , , , ,		w. Whi	
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arylan	a marks aumatic						Marcia	Van Slyke	e		
Aar 2 sho and Is m	ē	19a. Intorment's Neme/Relationshi	(Type, Print)	198	o. Meiling Address	(Street	and Number or Au	ural Route Number,	City or Town,	State, Zip	Coda)
		Gail D. Himmelf	arb	S	ame as i	tem	# 10a-f				
altimore, mit. Pages 1 an perment of Heal portant: If them 2	ortant: If them 2 injury or other	20e. Mathod of Disposition 1 Buriel 2 □ Cremation	□ Retrioval from State	camete	t Disposition (Namery, crematory or of	na of ther pla	ca)		20c. Location -		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Par men		4 Donetion 5 Other (Spe	cify)		ngton He	brev	v Cem.	2/15/97	Washing	gton,	D.C.
Ball Separation	8	21. Signature of Funeral Service	ooto		Tves P	Addra	ss of Facility	al Homes			
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		23a Part1. Enter the diseese, or connections of the part of the pa	mplications thet cause	d tha deeth. Do ina.	not antar tha mode	of dylr	ng, such es cardiad	or respiretory erre	st,		Approximete Interval Between
Physici							1				Onsat and Death
/ /Medic Examin		Immadiate Sause (Finei diseese or condition	· Gan	drong	o box	h	Low	0.			7 month
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68/60 ficata be e physiciar se the buri		that initieted avants resulting in daath) Lest			consequence of);						
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MOX authorized	Ohvelolen									1	
, å å	1	Part II. Other significant condition	contributing to death b	out not resulting in	n tha underlying ca	use giv	ren in Part I.	23b. Did tot	paceo use co	ntributa to	the cause of death?
fords, P.O. BOX 6 requires that the death certific een signed by the attending p fould be delached for use as	40 74		id. P	heno	meno	n	•	1 40	8 2□ No	3 Prob	bebly 4 Unknown
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r dear	3	3 Suicide 6 Could no detarmin	d 28e. Piece of inj	jury - At home, fa	rm, street, tectory,	office		28f. Location (Str.		er or Rurai	I Routa Number,
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16		30. Name and address of person when Lore to S AC	o completed cause of d	leath (Item 23e)	(Type, Print)	2 5	- A110	4115	att.	10 1	97. MDZORIY.
	State	31. Deta filed (Month, Day, Year) FEB 21 199		ar's Signeture	inde 10.	19.1	ri rive	77 100 D	El Kanc	19 //	102017
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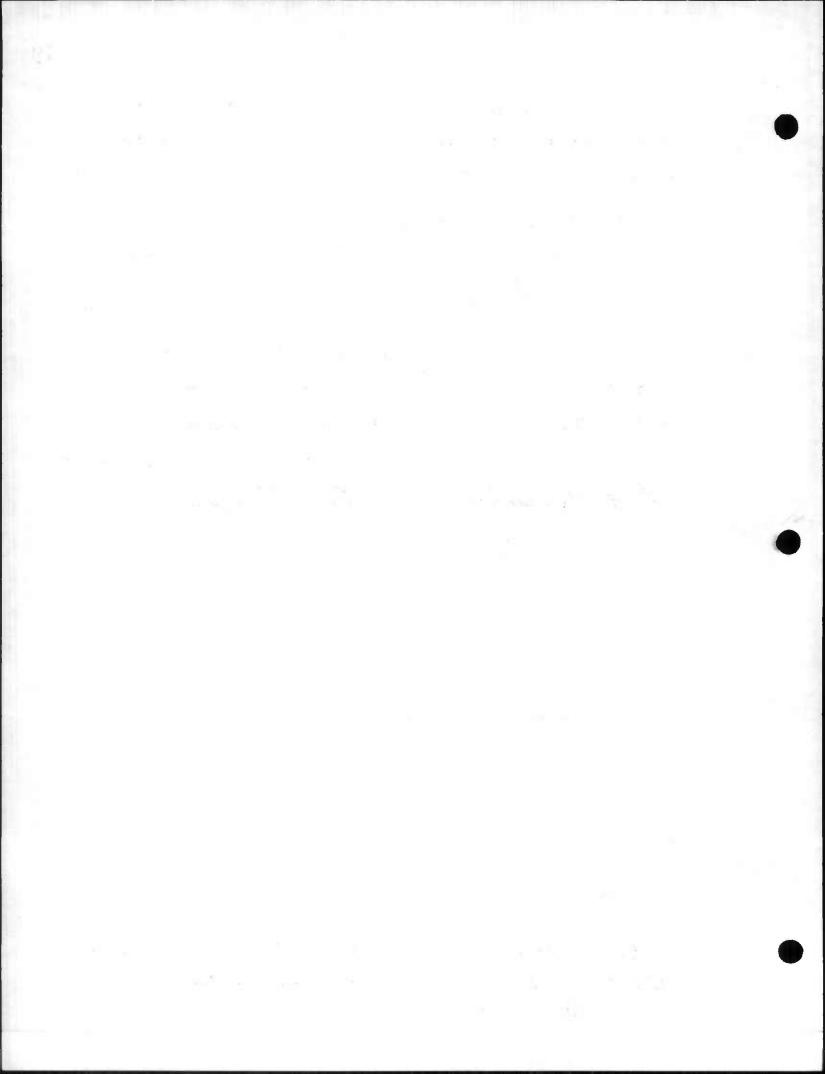


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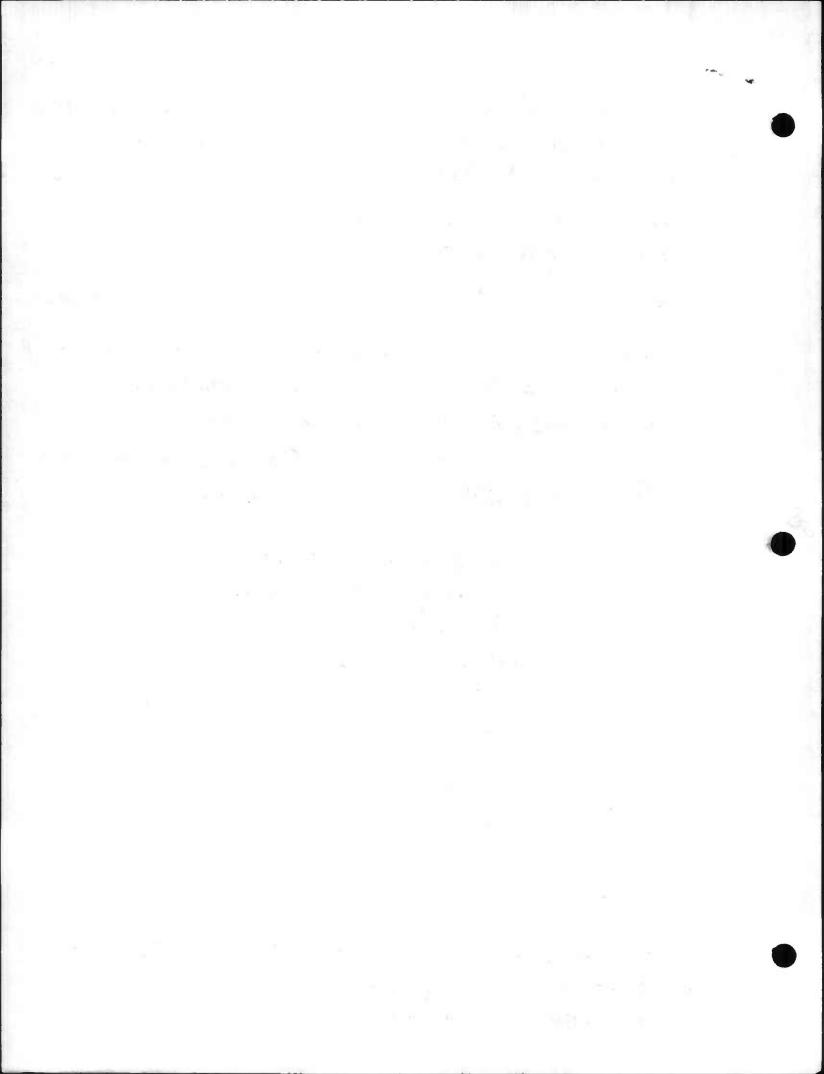
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V	/Medi Exami		4a. Facility Nama (If not institution, gir					4b. City, To	own, or Lo	cation of Deat		County of Da		J= a
7			Franklin Squar	e Hospital C	enter			Ros	svill	e	I	Baltim	ore	
	Funerai Director	Г	5. Social Security Number 6.		yrs. iast birth Yı	N.	If Under 1 Ye Months Da		Min.	B. Date of Bir (Month, Da Feb. 5, 1	th ay, Year) 1916	9. B Dub	inthplace (Sountry)	State or Foreign
	pu >		Usual Residence of Decedent 10a, State 10b, County	10	O									
	deeth with the Maryland ims 23e or 28e-f show	ctor	Maryland Baltim		c. City, Town	nore							10	side City Limits ☐ Yas 2 No
	23a or 2	Funeral Director	10e. Straet and Number 4327 Penn Avenue	е			10f. Zip Cod	e 1236				en of What (Country?	
020	or its	by	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 X Divorced	12. Was Decedent Ever Armed Forces? 1 1 Yes 2 No If Yes, Give Year or Dates: 19				of Hispanic Or Juban, Mexica No Specify		ecify Yas or No Ricen, etc.)		4. Race - An Black, Wh Specify:		llan,
9		ted	15. Decedent's E	ducetion	16a. D	eceden	t's Usual Oc	cupation			16b. Kin	d of Busines		
Maryland 21215-0020	d 2 should be filed within 72 ha and Mental Hygiene. I is marked other than "natur traumatic event, the Medical	Completed	(Specify only highest gr.	College (1-4or 5+)	- 1	ife. DO	NOT use re	,						
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Sa	d 2 sl		19a. Informant's Name/Relationship	,,,		_				I Route Numb			Zip Code,)
	ges 1 and 2 should t of Health and Men if item 27 is marke or other traumatic		Mr. C.Alan Hill 20a. Method of Disposition		Ob Place of E	327	Penn P	venue	Bal.	timore,		21236 ation - City o	- T O	1-4-
5	iges if it		1 X Burial 2 ☐ Cremation 3 ☐	JRemoval from State	0b. Place of D cemetery,		-		1					
ŧ	tmer tant:		4 □ Donation 5 □ Other (Special		BelAir					7,1997	Bel	Air, M	1aryl	and
Baltimore,	permit. Pages 1 and Department of Health Important: if item 27 any injury or other fronce.	973	21. Signature of Funeral Service Light	mbx)	E.	F. Las	drass of Facil	uner	al Home	e 13-	M-I O	1007	
	Diam'r.		23a. Part1. Enter the disease, or com shock, or heert failure. List only	plications that caused the	death. Do no	t enter t	the mode of	dying, such as	s cerdiec o	ingsvi r respiretory e	TIE,	Ma. 2,	Appro	oximete
	Physician /Medical Examiner	ı	Immediate Cause (Final disease or condition resulting in death)	a emphy	Sem to (or as a co	nseque	nce of):							el Between It and Death
0,	tificate be executed g physician and es the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause, (Disease or injury	b	to (or as a co	nsequer	nce of):							
ox 68760,	requires that the death certificate be executed een signed by the attending physician and hould be detached for use as the burial-transit	n/Medical	Cause (Disease or injury that initiated events resulting in death) Last	Due	to (or as a cor	nsequer	nce of):							
.O. Bo	es that the death cert igned by the attendin be detached for use	Physician/	Part II. Other significant conditions of	ontributing to death but no	t resulting in the	he unde	erlying ceuse	given in Part	l.	23b. Dld	tobacco u	use contribu	te to the c	ause of death?
۵.	s that the	by Ph	cerebral v	ascular	dise	do	0			10	Yas 2	□ No 3□	Probably	Unknown
Records,	aw 2 S	Completed t								24a. Was	an autops ormed?	sy 24b	. Were aut evelleble completic of deeth?	topsy tindings prior to on of cause
	ysician: The law is certificate has b director, page 2 s	E								1 🗆	Yes 2	No	1 ☐ Yes	2 No
ita	ician: The certificate rector, pag	Be	25. Was case referred to medical					26. Plac	e of Death	(Check only	one)			
of Vital	Physician: this certific ral director,	To	examiner?	Hospital: 1 ☐ Inpatient	2 KER/Outp	etient	3□ DOA	Other		me 5□ Resi		□Other (St	ecity)	
			27. Manner of Death 10 Natural 5 ☐ Pending 2 ☐ Accident investigation	28a. Date of Injury (Month, Day Yea	28b. Tin	ne of		njury at Work?	:	28d. Describe				
Division	s effer de l Directo d in by th	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury - building, etc. (S)	At home, farm	n, street,	, factory, offi	ce	1	28f. Location (City or To		Number or i	Pural Rout	e Number,
1	To the Hospital or-attending Phys within 24 hours efter deeth. To the Funeral Director: After this completely illied in by the funeral d	edical C	29a. Certifier (Check only one) Certifying Ph 2 Medical Example	ysician: To the best of my niner: On the basis of exa end manner stated.	knowledge, ominetion and/o	death oc or invest	curred et the tigation, in m	time, dete ar y opinion, dea	nd place, a	and due to the ed at the time,	ceuse(s) a date end	and manner a plece, and di	as stated. ue to the ca	ause(s)
	withii To th	X	29b. Signature and title of certifier				29c. Llc	ense number			29d. Data	signed (Mo	oth, Day, Y	(ear)
			Va a	1-1-			Do	1591	14		2	1,71	97	
			30. Name end address of person who	completed ceuse of death	(Item 23a) (Ty	ype, Prir	nt)		-			(LT	
	8		KRISTINE C.	SA/VO	9000	7	nook	lin Sq	. Dr	2. B	2/16	, Mid	r	
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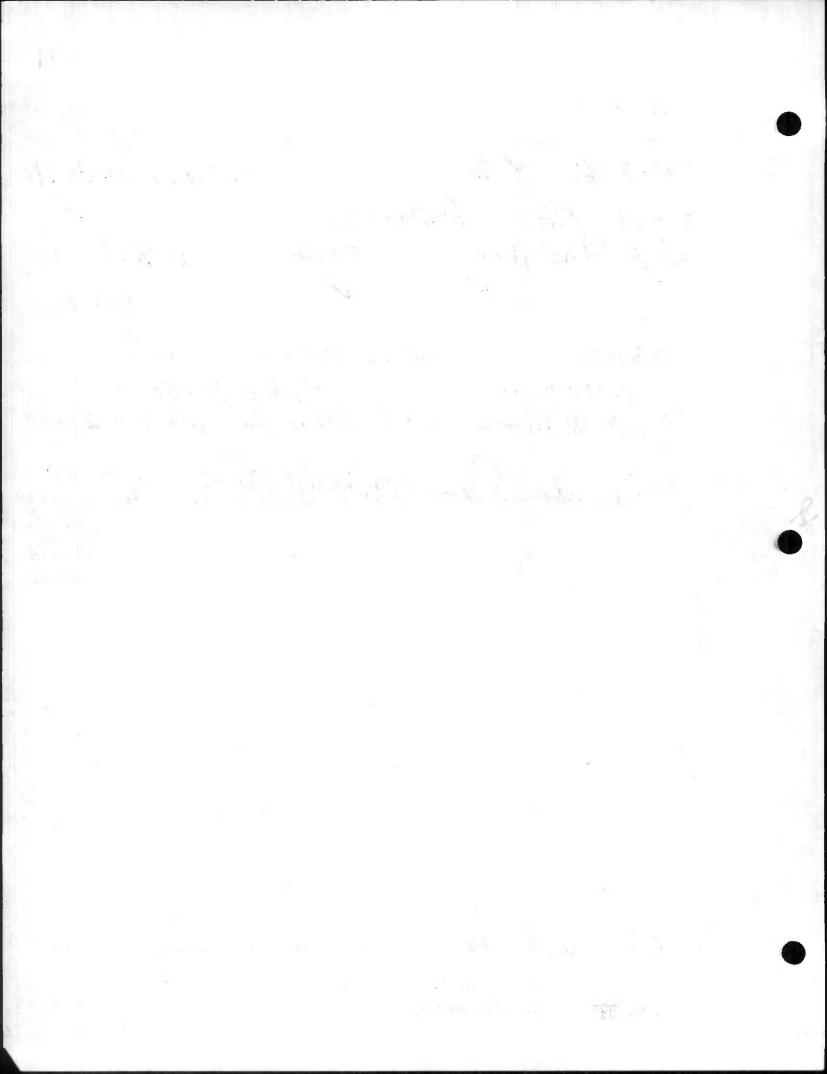
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** 4e. Feolity Name (If not institution, give street and number) 9 A.M JONES /Medical 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 1105 PRESTON Balto. N. A md If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth (Months Days Hours Min. (Month, Dey, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** Months 1□M 200 F 05 Yrs. Director - 23 Usuel Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f sho trsumstic svent, the Medical Examiner must be notified at md 10 Yes 2 □ No Director N.A PALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours after death with 1 Department of Health and Mental Hyglene.
Important: if item 27 is marked other than "natural", or items 23a or 3 and 1 in the Medical Example Constitution or other traumatic avent, the Medical Example Constitution E, PRESTON 1105 21202 4.5.A Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, Whita, etc. 11. Merital Status 1 Never Merried 2 Merried Block Saltimore, Maryland 21215-0020 1 ☐ Yes 2 Ñ No g 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) St. Josaphs Hosp LAUNATOSS 17. Fether's Neme (First, Middle, Last) 18. Mother's Nama (First, Middle, Meiden Sumame) Be GILLette STANMORE CORA 55 E 19a. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) PRESTON ST BALTO md 21202 CHRISTINE 1105 20b. Piece of Disposition (Neme of cemetery, crematory or other piece) 20a. Method of Disposition 20c. Location - City or Town, State M Burial 2 ☐ Cremetion 3 ☐ Removel from Stete BROOKLYN. MG · CALVARY (en 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Ligenses Locks Junes Home 13047. Central Locks 23a. Part I neer the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart leilure. List only one cause on each line. **Physician** /Medical immediete Ceuse (Final diseese or condition resulting in deeth) Examiner Examiner signed by the attending physician and die detached for use as the burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as e consequence of): Division of Vital Records, P.O. Box 68760. emenora that the death certificate be Physician/Medical Due to (or as a consequence of): MASS ROID Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown þ Completed 24a. Wes an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? After this certificate 1 ☐ Yes 2 ☐ No Physician: 25. Was case referred to medical examiner? Be 26. Plece of Deeth (Check only one) 1 ☐ Yes 2 Other: 4 Nursing Home 5 Residence 8 Other (Specify) P 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28c. Injury at Work? 28a. Dete of Injury (Month, Dey Year) 28b. Time of Medical Certification: Veturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident rector 8 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Piece of Injury - At home, ferm, street, factory, office building, etc. (Specify) obpital or A hours after unerer Direc 4 Homicide pertifying Physician: To the best of my knowledge, deeth occurred et the time, dete and place, and due to the ceuse(s) and menner es steted.

| Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) and menner steted. 29e. Certifier (Check only one) To the Ho Withings To the Fu 29b. Signeture and title of certifier 29d. Dete signed (Month, Day, Year) 29c. License number 9 D25373 mo 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Changeld 1 631 Itums. MD 31. Dete filed (Month, Day, Year) 32. Registrer's Signetare State Julia Davidson FEB 21 1997 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		Decedent's Name (First, Middle, I			ate of Death	F	leg. No.	17 05	0/1
Physic	ian	1.0	INSON			2. Dete of Dee Month	Dey	Year	ne of Deeth
/Medi		4e. Fecility Neme (If not institution, g			4b. City. Town, or	FEBRUAR Location of Deeth	4c. County		16.151
Exami	ner		TAL CENTER	-	BALTI		A.	11	
Funeral Director			Sex 1 M 2 F 7. Age (In yrs.		der 1 Yeer It Under 24 Hrs	s. 8. Dete of Birth	Year 5	9. Birthpiece (S Country)	Anc
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al', or items 23a or 28a-f show	eral Director	10e. Street end Number	of Avenue		Zip Code 2/229		log. Citizen at t	S.A.	
rai', or item Examiner	by Funeral	11. Maritet Status 1 □ Never Married 2 □ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Even in U Armed Forces? 1 Yes 2 No it Yes, Give Yeer or Detes:	If Yes, s	cedent of Hispenic Origin? (specify Cuban, Mexican, Puers 2 No Specify:	Specify Yes of No- rto Rican, etc.)		ca - American India ck, White, etc.	/C
ene. than "natural", ne Medical Exe	Completed	15. Decadent's (Specify only highest of Elementery/Secondery (0-12)	Education trade completed) Coilege (1-4or 5+)	16e. Decedent's U (Give kind of life. DO NO	suel Occupetion work done during most of wo ruse retired)	orking	16b. Kind of B	A Industry	
and Mental Hygiene. is marked other than aumatic event, the p	To Be Co	17. Fether's Name (First, Middle, La.	C (WY	rever	18. Mother's Na	ame (First, Middle,	Maiden Sumen	ne)	
Health ar		19a Informant's Name/Reletionship 20e. Method of Disposition	1/1Ams 20b. 1	19b. Meiling Addr		gre. Bx	City or Town,	nd 2	/20 te
Department of I Important: If its any injury or o		1 DBurial 2 Cremetion 3 4 Donetion 5 Other (Special Signature of Funerel Service)	cify)	t- Jun	and Address of Facility	Son Ex	Balto	F.H.	PA
		23e. Pert1. Enter the disease, or co shock, or heart feilure. List on	mplicetions thet caused the deet y one ceuse on each in a.	th. Do not enter the n	Edmond node of dylng, such es cardia	S on Av	e Ba		dimete Between
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siciar e buri	edicai E	Ceuse. Enter Underlying Ceuse (Diseese or injury thet Initieted events	C. Pue to fe		A).				
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he att	Physician/M	Pert il. Other significant conditions	contributing to death but not res	ulting in the underlyin	g ceuse given in Pert I.	23b. Did to	bacco use co	ntributs to the ca	uss of de
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0 0	ို	1 Yes 2 No	Hospitel: 1 inpatient 2			Home 5 Reside			
within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director, completely filled in by the funeral director,	Certification:	27. Menner of Deeth 1 Neturel 5 Pending 2 Accident Investigeti 3 Suicide 6 Could not	be One Diese et inium. At h	28b. Time of injury M	28c. Injury et Work? 1 Yes 2 No	28d. Describe he		er or Rurel Route	Number
within 24 hours after To the Funeral Dire completely filled in b	al Certi	4 ☐ Homicide determine 29e. Certifier 1 ☐ Certifying P	bullding, etc. (Specifing) hysician: To the best of my kno	(y) wledge, deeth occurr	ed et the time, dete and plec	City or Town	n, Stete)	enner as stated.	
the Fi	ledical	one) 2 Medical Exe	miner: On the basis of examine end menner stated.	tion end/or investigati	on, in my opinion, deeth occi	urred et the time, d	ate end plece,	end due to the cau	ise(s)
To t Com	Σ	29b. Signeture and title of certifier Refred w	hal Hid		29c. License number AS 2441614			d (Month, Dey, Ye	ar) 997
3		30. Name and address of person who SOLOMON G · Gr 31. Date filed (Month, Dey, Year)		ItOSPITAL C	ENTER 3001 S.	HAMOUER .	ST, PACTI	MORE, HO	212



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death ERTRUDE IYI. Month KESSLER February 16, 1997 10: 45 AM 4b. City, Town, or Location of Deeth 4e. Fecility Name (If not institution, give street end number, 4c. County of Deeth Hebrew Home Of Greater Washington Rockville Montgomery If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Yeer) 5. Social Security Number 7. Age (In yrs. last birthday) 6. Sex Birthpiece (State or Foreign Country) 1□M 2☑F Yrs. 100-10-9091 July 4, 1905 Russia Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1√2 Yes 2 No Maryland | Montgomery Rockville 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? Hebrew Home Of Greater Washington 6105 Montrose Road U.S.A.

14. Reca - American Indien,
Bleck, White, etc. 20852 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 220No If Yes, Give Yeer or Detes: Wes Decadent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritei Stetus 1 Never Married 2 Married 1 ☐ Yes 2KNo Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) 12 Years Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Boruch Miller Sarah Liebowitz 19e. informent's Neme/Reiatlonship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Bernard S. Kessler, Son 10404 Tulsa Drive, Adelphi, Maryland 20b. Plece of Disposition (Neme of cametery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete 2/18/1997 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Mount Lebanon Cemetery Adelphi, Maryland 21. Signeture of Funeral Servica Licenses 22. Name end Address of Fecility
STEIN HEBREW MEMORIAL FUNERAL HOME, INC. 232 CARROLL STREET, N.W., WASHINGTON, D.C. 20012

23e. Pert1. Enter the disease, or complications that caused in death. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate Approximete intervel Between Onset end Deeth Immediete Ceuse (Final LSCHEMIC CARDIOMYO PATHY 4 YEARS diseese or condition resulting in deeth) Sequentieily list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Last Due to (or es e consequence of): Due to (or es e consequence of): Pert Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown MULTI-INFARCT DEMENTIA 24b. Were eutopsy findings evallebie prior to completion of cause of deeth? 24a. Wes en eutopsy 2 XNo 1 ☐ Yes 1 ☐ Yes 2 ☐ No 25. Wes case referred to medicai 26. Place of Deeth (Check only one)

Physician /Medical **Examiner**

Physician

/Medical

Examiner

Directo

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Completed

Be

2

Examiner

Physician/Medical

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Medical Certification:

1 Yes 2 No

27. Manner of Deeth

1 Neturei

3 Suicide

29a. Certifier

2 Accident

4 ☐ Homicide

31. Dete filed (Month, Dey, Year) FEB 2 1 1997

Funeral

Director

the Maryland

permit. Pages 1 end 2 should be filed within 72 hours after death with the Manylan Department of Health and Mentel Hygiene. Important: If them 27 is marked other than "natural; or items 23a or 28a-f show any injury or other traumatic event, if a Maddial Examiner mail or nother mail or nother traumatic event, if a Maddial Examiner mail or nother Baltimore, Maryland 21215-0020

physician and s the buriel-transit 8 The law requires that the death certificate for use es signed by t director

Records, of Vital Physician: within 2 To the

Box 68760. P.O.

> State Registrar

5 Pending Investigation 1 Yes 2 No 6 Could not be determined 28e. Pleca of injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete and piece, and due to the cause(s) end menner stated. STAFF PHYSICIAN 29d. Dete signed (Month, Day, Year) 29b. Signeture end title of certifier 29c. License number D18084

28c. injury et Work?

28b. Time of

Hospitei: 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA

28a. Dete of Injury (Month, Dey Year)

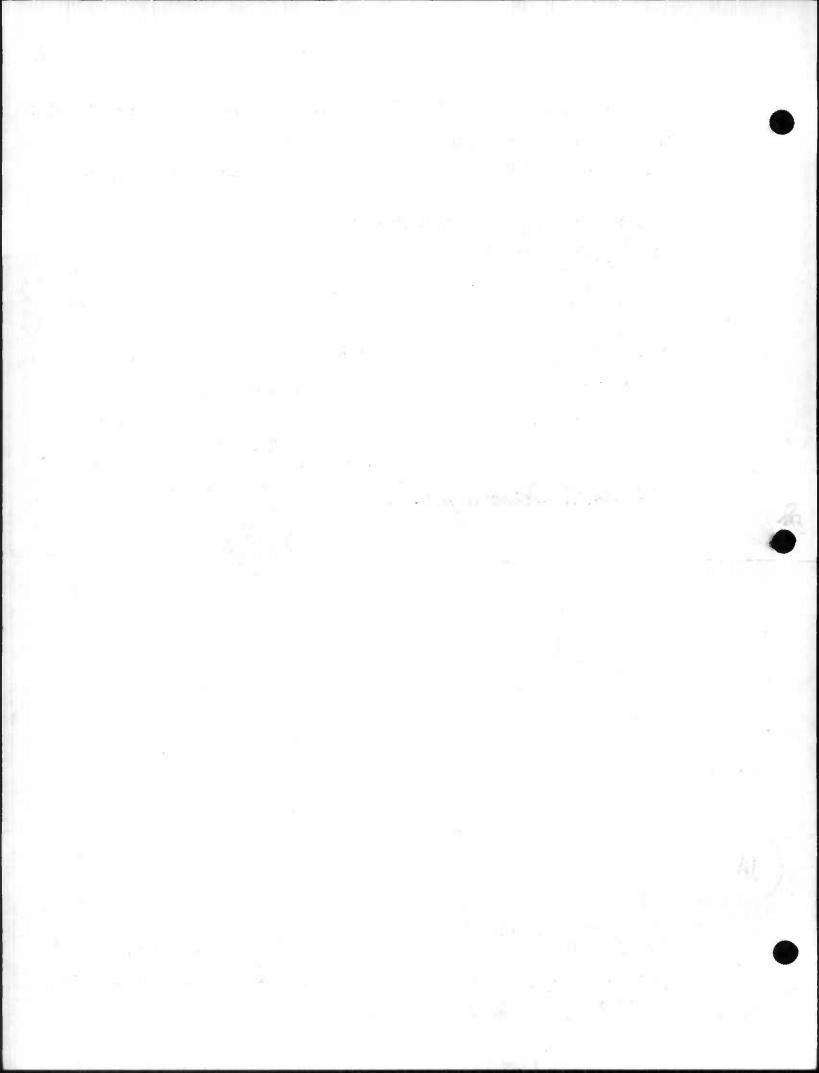
Other: 4 Nursing Home 5 Residenca 6 Other (Specify)

28d. Describe how injury occurred

30. Name and address of person who completed cause of death (item 23a) (Type, Print)

RD, ROCKVILLE, MD 20 852 MID 6121 32 Registrer's Signature La Davidson

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month KILDUFF Feb 16 1997 5:40 pm 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death 302 M Canterbury Road Belair Harford Co. If Under 1 Year If Under 24 Hrs. 8, Date of Birth (Month, Day, Year) 5. Social Security Number Birthplace (State or Foreign Country)
 MD 7. Age (In yrs. last birthday) 1 M 2 □ F Yrs. 218 18 3607 73 03/22/1923 Usual Residence of Deceden 10b. County 10c. City. Town or Location 10d. Inside City Limits Harford Belair 1 ☐ Yes 200No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 302 M Canterbury Road 21014 USA 12. Was Decedent Ever in U,S. Armed Forces? ↑ Yes 2 □ No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced white Unkown

16a. Decedent's Usual Occupation
(Give kind of work done during most of working
life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coltege (1-4or 5+) N/A self employed Sav A Roll Inc. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Howard Raymond Kilduff Carrie Arens 19a. informant's Name/Relationship (Type, Print) 19b. Maiting Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Maria J. Kilduff (wife) 302 M Canterbury Road Belair, MD 21014 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory
22. Name and Address of Fecility 02/17/97 Balto, MD 21. Signature of Funeral Service Licensee 11750 Belair Road nologerap Lassahn Funeral Home 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory ariest, Approximate shock, or heart failure. List only one cause on each line. Onset and Death Immediate Cause (Final ANA PLANTIC ANDCYD Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of) Due to (or as e consequence of) Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part 1. 23b. Did tobacco use contribute to the cause of death? 1 Ves No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes No 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home Residence 8 Other (Specify) 1 Yes ONO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 5 Pending 1 ☐ Yes 2 ☐ No investigation 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

Cartifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or trivestigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

rson who completed cause of death (Item 23a) (Type, Print)

Hegistrar's Signature

Union Menorin

29c. License number

29d. Date signed (Month, Day, Year)

31218

physician and the bunal-transit physician 90 88 attending ō signed by the at d be detached for page 2 hes

Physician/Medical þ Completed Be 2 Certification:

Physician

/Medical

Examiner

Funeral

Director

7 is marked other than "natural", or Items 23e or 28a-f show traumatic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after to Depertment of Health and Mental Hygiene. Important: If Item 27 Ia marked other than "natural", or Item any Injury or other traumatic event, Ite Mantal Examina-

Physician /Medicai

Examiner

Baltimore, Maryland 21215-0020

the Maryland

death

PAUL

10a State

12

disease or condition resulting in death)

27. Manner of Death

Naturat

3 ☐ Suicide

29a. Certifier

2 Accident

4 ☐ Homicide

29b. Signature and little of g

MD

Director

Funeral

pA

Completed

certificate After this Attending death. Heapital or Attendi 24 hours after death Funeral Director: A by the

Division of Vital Records, P.O. Box 68760

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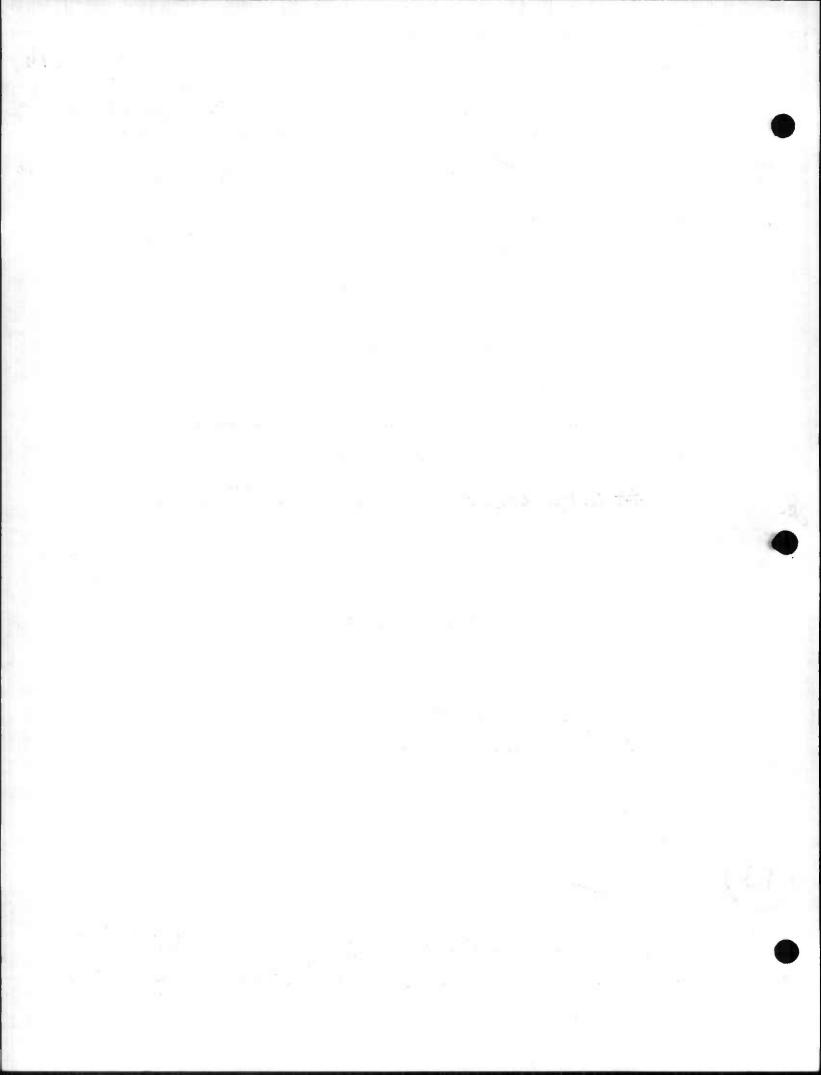
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State of Maryland / Department of Health and Mental Hygiene Q 7

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						Ce	rtificate	e of	Death			Reg. No.	, ,	000/4
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/Medic	al	4e. Fecility Name (If not Fist		re street end numb	le Der)				4b. City, To	wn, or Lo	cation of Deelf	15	Yeer 97	8:50 P.M
	et	SUBUR	BAN I	HOSPITAL			Milede			HESD.		MC	ONTGO	
Funerai Director		5. Social Security Number 229–32–9563		Sex 7. 1 □ M 2 12 F	Age (In yrs. las	st birthday) Yrs.	If Under Months	Days		Min.	8. Dele of Bird (Month, De 5 3	y, Yeer)	9. Birthi Cou Wasi	place (State or Foreign ntry) nington, D(
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23e or 2	ai Dire	9707 Old Geor	geto	wn Road			10f. Zip		814			10g. Citizen of US		ntry?
al', or its	by Funeral Director	11. Maritel Status 1 Never Married 2 3 Widowed 4 Divo		12. Was Decedor Armed Force 1 Yes 2 If Yes, Give Yeer or Date	es? ∰ No	1			Hispenic Ori pan, Mexicar Specify:		cify Yes or No Rican, etc.)	14. Ra Bla Specil	ck, White,	can Indian, elc. HITE
"natural",	eted	15. Dec	dent's E	ducation ade completed)		16a. Dece	denl's Usua kind of wor	l Occu k done	palion during mos	t of worki	na	16b. Kind of B	usiness/in	dustry
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e do	To Be Co	17. Father's Name (First, Mic Richard F Mc		,					18. Mothe		(First, Middle,	Meiden Sumai		
0 # 2		19a. Informant's Neme/Rele				19b. Maili	ng Address	(Stree	t end Numbe	er or Rura	l Route Numb	er, City or Town	, State, Zij	o Code)
를 CI 노		Sharon M Lit	tle/	Daughter	20h Bin		Cicada		. Mecl		sburg,		055	0.00
527		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremat 4 ☐ Donetion 5 ☐ Other	r (Specil	(y)	cen	netery, cre	matory or of	ther pla	al Cer		/24/97	20c. Location Arli		own, State
Department Important: I any Injury o once.		21. Signeture of Funeral Ser	vica Lica	nsee		2			ess of Fecilit Wheat:		uneral	Home		
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nysician		23a. Part1. Enter the diseas shock, or heert feilure.	Ligyonly	one cause on eac	h line.	DO NO. GII	ter lite mode	o or dy	ing, such as	Cardiac	respiratory a	rrest,		Approximate Interval Between Onset end Death
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aminer		resulting in death)		a	Due to (or a									3 days
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0 8	2	resolving in death) East	L	d	hepa	X16	is E	3						
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s been signe	Completed by	Thrombour Renal ins	eff	iceoncy	, dias	hete:	s mel	14	us			an autopsy rmed?	6/	fere autopsy findings relieble prior to ompletion of cause death?
page 2	mo			V ,							10	Yes 20 No		☐ Yes 2☐ No
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S P	၉	1 ☐ Yes 2 No		Hospitel: 1 1 1 1		R/Outpetie		^				denca 8 □Otf		(y)
the second	ţo ţ	27. Manner of Death 1 ☐ Matural 5 ☐ Pe	nding estigetio	28a. Date of (Month,	Day Year) 2	8b. Time o Injury	M 28	Bc, Inju Wo	iryel ork?]Yes 2 □		28d. Describe	how Injury occur	rred	
Director:	Certification:	3 ☐ Suicide 6 ☐ Co	uld not b termined	e 28e. Placa of	Injury - At hom , etc. (Specify)	e, farm, st			115-1		28f. Location (: City or To	Street and Num. vn, State)	ber or Run	al Route Number,
A COLOR	edicai C	29a. Certifier 1 Cert (Check only one) 2 Med	Ifying Phicat Exar	ysician: To the be niner: On the basi and manner	s of exeminetion	edge, deet n and/or in	h occurred a vestigetion,	it the ti	ime, dete an opinion, dea	d plece, e	and due to the ad at the time,	ceuse(s) and m dete and plece,	anner as s and due t	stated. o the cause(s)
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		30. Neme and address of per		completed calies	of death (Item 2	3a) (Type,	Print) Ship	lls	Drive	2, B	ethesa	la, mO,	20	817
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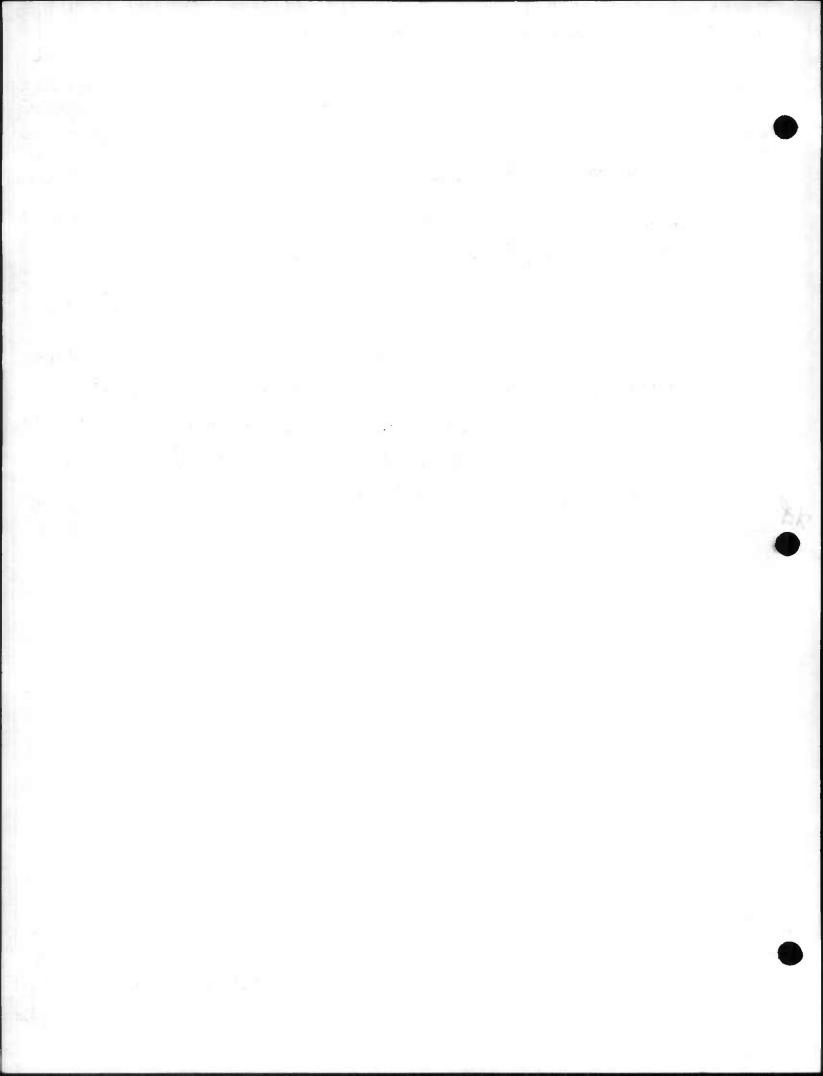
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/Medi		MARGARET		LANCA	STER	FEBRUAR		1997	1842PM
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the Maryland 28a-f show notified at	ctor	Maryland Princ	e Georges R	n or Location	le				Inside City Limits
23a or 2	Funeral Director	5812 Lan	nont Drive	10f. Zip Code	0784	100	. Citizen of V	Whet Country	?
within 72 hours after death with the Maryland ene. Than "ratural", or frems 23s or 28s-f show he Medical Examiner must be mittled at	by	11. Marital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever in U,S. Armed Forces? 1 □ Yes 2 No If Yes, Give Yeer or Detes:	13. Wes Decedent of If Yes, specify Cu	Hispenic Origin? (Specify: Specify:	ecify Yes or No- Rican, etc.)		e - American ck, White, etc.	
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s mad la mark		19a, Informent's Name/Retetionship	1	. Mailing Address (Street	et and Number or Rure	Route Number, (City of Town.	Stete, Zip Co	de)
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		27. Mannar of Daath 1 ☐ Netural 5 ☐ Panding		Time of 28c. Injury	ury et	28d. Describe how	injury occurr	ed	
r death. ector: Alte by the fune	atic	2 Accidant investigation	on 2-13-97 unk		Yes 2 No	House f	ire		
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m 24 hou he Funer pletely fil	edical	29a. Cartifier 1 ☐ Cartifying P (Check only one) 2 ☑ Medical Exa	hysician: To tha best of my knowledga minar: On tha basis of axemination and end manner stated.	, daath occurred at the t d/or tnvestigetion, in my	ime, data and place, a	and dua to the ceus	sa(s) and ma	nnar as stete	d.
100	Σ	29b. Signeture end title of certifier	1	29c. Licen	se number	29d	. Data signed	(Month, Dey	(, Year)
- 6		Atunto 1	n Wlacks	MD O.	C.M.E.	म	EBRIIA	RY 14	, 1997
0		30. Name end eddress of person who	completed ceuse of deeth (Mam 23a) (4.			, 2001
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State Registrar

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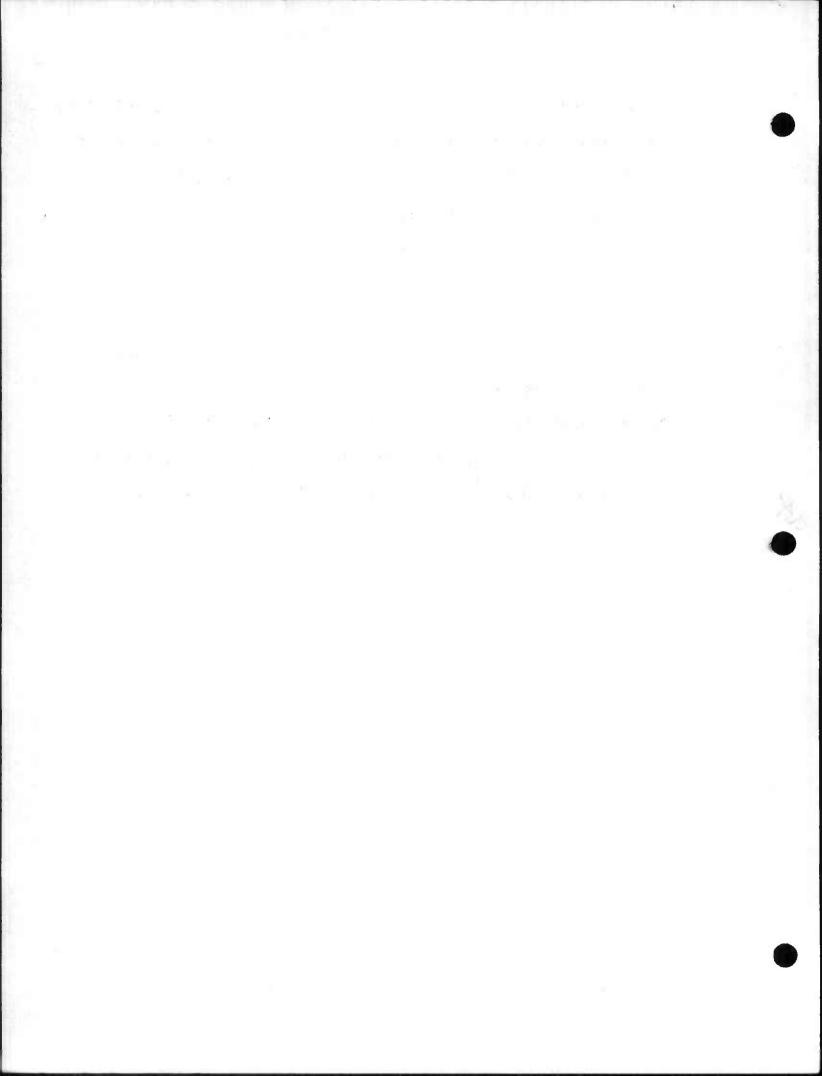
32. Registrer's Signeture

DHMH 16 Ray 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q 7

			otate of Maryle		tificate of			Reg. No.	1	1501	0
Physici	an	1. Decedent's Name (First, Middla, Last) Helen Esther Lo	NUCTY				2. Date of De Month Fe D.	1 8. 1	d857	3. Tima of D 8:53	
/Medic						4. Ch. Tour cal				0:33	A . M
Examin	er	4a. Fscility Nsma (If not institution, giva stre Knollwood Manor		Home		4b. City, Town, or L Millers		Anne		nde1	
Formul		5. Social Sacurity Number 8. Sax		rs. last birthday)	If Under 1 Year						Enraign
Funeral Director		232-20-5792 1□ M Usual Residence of Decedent		Yrs.	Months Days		(Month, Da	, 1911			
puel man		10a. State 10b. County	10c.	City, Town or Loc	cation				10	0d. Inside City	Limits
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permit. Pe Departmen important: any injury		21. Signature of Funeral Service Licensee	M	н	Nama and Addra	Funera	1 Home	P.A.	200	1.4.0.1	
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ificete be axecul g physician and es the buriel-trar	icai E	Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disaase or injury that initiated events	Due to	(or as a consequ	ance of):						
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333	edicai	29a. Certifier (Check only one)	n: To the best of my ki On the basis of examinand mannar stated.	nowledge, death nati <i>on</i> and/or inv	occurred at the ti estigation, in my o	me, date and plece, opinion, death occur	and due to tha red at the time,	cause(s) and me date and place,	anner as sta and due to	ated. the causa(s)	
a de de de de de de de de de de de de de	M	29b. Signature and title of certifler			29c. Licens	sa number		29d. Date signe	d (Month, L	Day, Year)	
		pul	they !	MO	2	25000		Fee	1.19	199	7
		30. Name and addrass of person who compl		em 23a) (Type, F	Print)	- //	2	-	4	/	
		DO-HSILI HUNG, MD 31. Data flled (Month, Day, Year)	1916 CYai	n HWY.	, 5W, #	8 Gler	- Burni	e, H	1.21	061	
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 05077 Certificate of Death 1. Decedent's Nama (First, Middla, Las 2. Data of Death 3. Tima of Death Month tebruary Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death N. Charles Street Baltimore 6601 Baltimore Silchrist If Undar 1 Yaar If Under 24 Hrs. 5. Social Security Numbar 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Yaar) Birthplaca (State or Foreign Country) 1 MM 2□ F Days Yrs. 217-74-0256 38 SEP 18, 1958 Washington, D.C. Usual Rasidanca of Dacedant 10a. Stata 10h County 10c. City, Town or Location 10d. Inside City Limits Maryland Howard Elkridge 1 ☐ Yes 🏋 ☐ No 10e. Straat and Number 10f. Zip Coda 10g. Citizan of What Country? 6820 Ducketts Lane 21227 USA 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yes ② No If Yas, Give Yaar or Dates: 13. Was Decedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puerto Rican, atc.)
1 ☐ Yes 2 No Spacify: 14. Raca - Amarican Indian, Black, White, atc. Specify: White Navar Marriad 2 ☐ Married 3 Widowed 4 Divorced 18b. Kind of Businass/Industry 15. Decedant's Education 16a. Dacedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) (Specify only highast grade completed) Photographic Elementary/Secondary (0-12) College (1-4or 5+) Paper Supplier Development 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middle, Meldan Sumama) Frank Patrick Lopez, Sr. Lois Viola Richard 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Routa Number, City or Town, Steta, Zip Code) Cassandra F. Richard/cousin 5728 Eastpine Dr. Riverdale, MD 20737 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cematary, cramatory or other plece) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify) Metro Crematory, Inc. 2/19/97 Baltimore, MD na of Funaral Sarvice Licansee 22. Nama and Addrass of Facility F.,McDonald Dawn Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 21228
23a. Part 1. Enter the disaase, or complications that caused tha daath. Do not entar tha mode of dying, such as cardiac or respiratory arrast, shock, or heart failura. List only one cause on each line. Approximate Interval Batween Onsat and Death Immadiata Cause (Final months diseasa or condition resulting in death) Sequantially list conditions, if any, laading to immadiata cause. Entar Underlying Causa (Diseasa or injury that Initiated evants resulting in daath) Last Dua to (or as a consequance of): Dua to (or as a consaguanca of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy 1 Yes 2 No 1 ☐ Yas 2 ☐ No 26. Place of Deeth (Check only ona) Othar: 4 Nursing Home 5 Rasidanca 6 Othar (Specify) Hespite Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA

Physician /Medical Examiner

The law requires that the death certificate be executed

certificate has

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death.

Hospital or Attended
 Ed bergelter de
 Funeral Director

Tofthe within 2
To the f

Records, P.O. Box 68760,

Division of Vital Attending Physician: Physician

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r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

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permit. Pages 1 and 2 should be filed Department of Heelth and Mental Hygic Important: if item 27 is marked other 1 any Injury or other traumatic aware.

Baltimore, Maryland 21215-0020

Physician/Medical Examiner attending physician and for use es the bunel-fran the th Completed by Be Certification: To

25. Was casa rafarred to madical axaminar?

3 Suicide

(Check only one)

29a. Certifie

Medicai

State

Registrar

1 ☐ Yas 🔎 No 27. Manner of Death Naturel 2 Accident

5 Pending Investigation 6 Could not be detarmined 4 Homicide

Deta of Injury (Month, Day Year) NA 28a. Placa of Injury - At homa, farm, straat, factory, office building, etc. (Spacify)

28b. Time of

28c. Injury at Work?

1 ☐ Yas 2 ☐ No

28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 1 Certifying Phyelcian: To tha best of my knowladge, death occurred at tha time, dete and place, and due to the causa(s) and manner as statad.

2 Medical Examiner: On the basis of axamination end/or invastigetion, in my opinion, deeth occurred at tha tima, dete end place, and due to the causa(s) and manner stetad.

29b. Signature and title

29c. Licensa number

N. Chriles St. Balto ms

29d. Data signed (Month, Day, Year) February 19, 1997

30. Nema and address of person who completed cause of death m 23e) (Type, Print) W.A. Riley, M.O. 6701

31. Data filed (Month, Day, Year)

FEB 21 1997

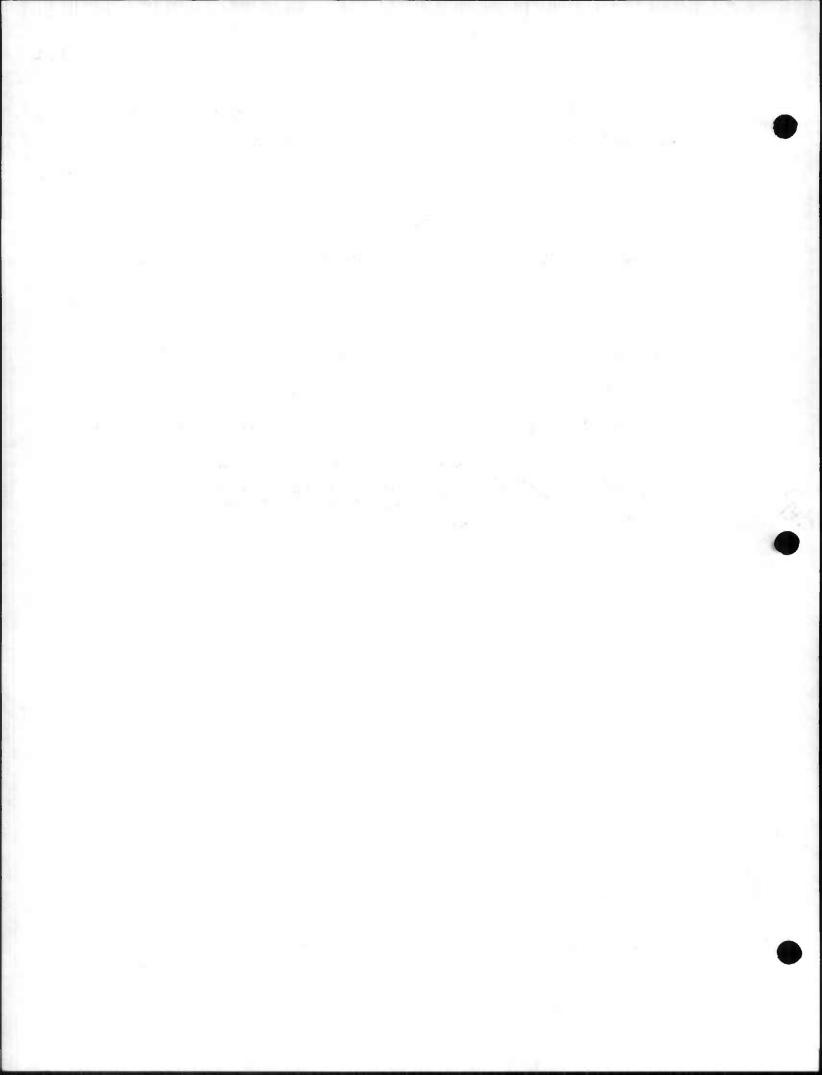


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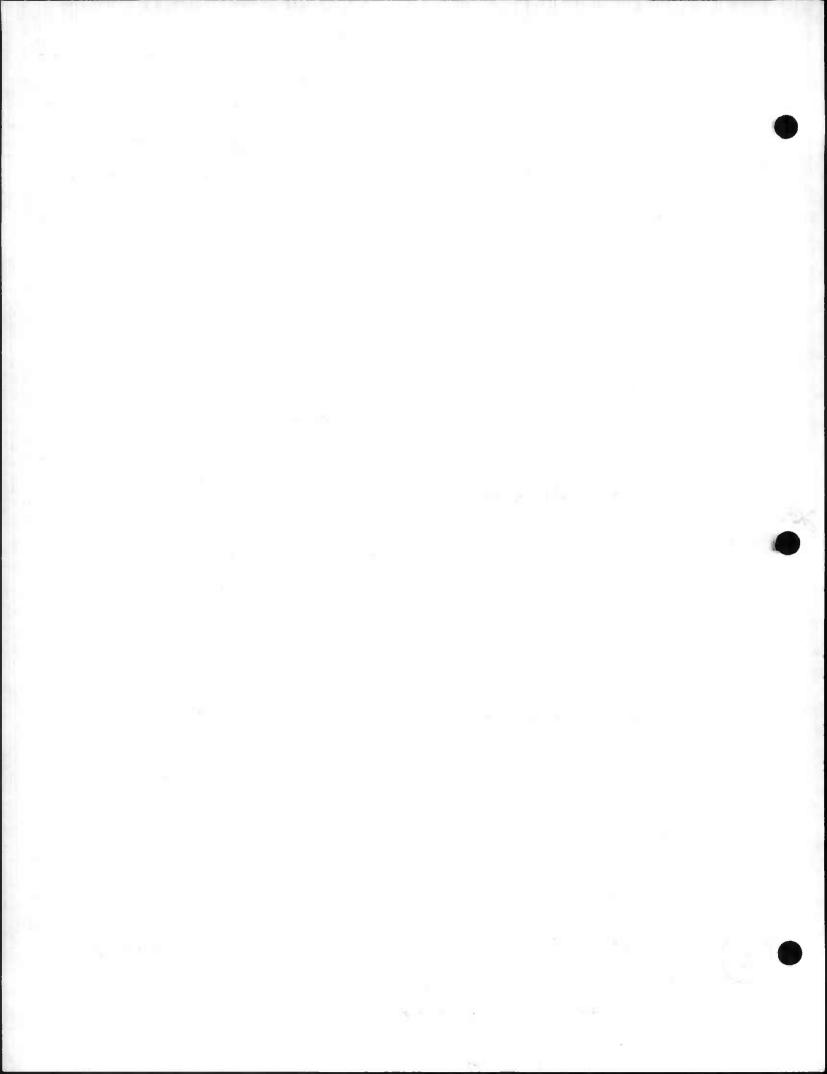
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& Robert L. Moss, mo 114 Briners Cx	2 No 28f. te end plece, end, deeth occurred a	and	1/		> 112									
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					Cert	ificate of	Death	R	eg. No.		
	Physic	ian	Decedent's Neme (First, Middle, La HOWARD	J.	MILLE	D		2. Date of Deat Februar	th	1 997	3. Time of Death 6:30AM
V.	/Medi	cal			111144		At Oh. Town and		1		0.30AII
	Exami Funeral Director	ner	218-18-1489			if Under 1 Year Months Days	Hours Min.			EN A 9. Birthp	NNES place (State or Foreign try) RYLAND
	Maryland -f show	tor	Usual Residence of Decedent 10a. State 10b. County MARYLAND ANNE A		, Town or Loca SADENA	ation				1	0d. Inside City Limits 1 ☐ Yes 2 🛱 No
	with the	Il Direc	10e. Street and Number 7676 CEDAR DRIV		O'NO ENT	10f. Zip Code 2112	2	1	Og. Citizen of V	What Cour	itry?
020	be filed within 72 hours effer death with the Maryland ntal Hygiene. Id other than "natural", or items 23s or 28s-f show event, the Medical Examines must be notified at	by Funeral Director	11. Marital Status 1 Never Married 2 Married 3 (X) Widowed 4 Divorced	12. Wes Decedent Ever in U, Armed Forces? 1 IX Yes 2 □ No If Yes, Give Year or Dates: WW II	. 10		Hispanic Origin? (Span, Mexican, Puerto	ecify Yes or No- Rican, etc.)	14. Rac	e - Americ ck, White, v: WHI	etc.
21215-0020	ithin 72 ho ne. nen "natur	Completed	15. Decedent's E (Specify only highest gn Elementery/Secondary (0-12)	ducation ade completed) College (1-4or 5+)	(Give ki life, DC	O NOT use retire	during most of work ad)	ing	16b. Kind of B	usiness/ine	dustry
and 21	be filed ital Hygi d other event, t	Be	10th 17. Father's Name (First, Middle, Last WILLIAM A.	MILLER	TRUC	K DRIVE	R 18. Mother's Name IDA		FREIGH Maiden Suman ETERS		
Maryland	2 0 8	To	19a. informant's Name/Relationship (19b. Mailing 220	Address (Street Bay Cit	y Road St	al Route Number	City or Town,	State, Zip y land	Code) 21666
Baltimore,	permit. Pages 1 end 3 Department of Health Important: If Item 27 I any Injury or other tr. once.		20a. Method of Disposition 1 XBuriel 2 Cremation 3 Z 4 Donation 5 Other (Special Structure) 21. Signature of Funeral Service City	Removal from State GLI	EN HAVE	tion (Neme of atory or other pla N CEMET Name and Addre	ERY F			n Bur	nie Maryla
	402 40		23a. Part1. Enter the disease, or comshock, or heart failure. List only	14-1			tain Road ng. such as cardiac			land	Approximate interval Between
	Physician /Medical Examiner		immediate Cause (Final disease or condition resulting In death)	a. CONGEST	IVE		T FAIL	URE			> 2 yrs.
ox 68760,	the death certificate be executed y the ettending physician end sched for use as the burial-iransit	VMedical Examiner	Sequentially list conditions, it any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury thet initieted events resulting in death) Last	C	as a conseque	ence of):	y Dist	ea se			> styrs.
. Bo	t the death ce by the ettend tached for us	Physician	Part II. Other significant conditions of	ontributing to death but not resu	ilting In the und	lerlying cause gi	ven in Part I.	23b. Did to	bacco use co	ntribute to	the causa of death?
s, P.O	es thet the	by Phy	CHRONIC UBS	TRUCTIVE P	ULMUN	JARY	DISEASE	ijs (v	es 2 No	3 🗆 Prol	babiy 4 Unknown
Records,	aw requires by been so 2 should	Completed						24a. Was a perform		av	ere autopsy findings aileble prior to mpletion of cause deeth?
	The ate h	Con						1 □ Ye	s 2KNo	10	Yes No
Vital	9 8	o Be	25. Wes case referred to medical examiner?	Hospitai:		Ot	26. Plece of Death				
ion of	Jing After fune	-	1 Yes 2 No 27. Manner of Death 12 Neturel 5 Pending 2 Accident Investigatio	28a. Dete of Injury (Month, Day Year)	ER/Outpetient 28b. Time of injury	28c. inju	4 20 Nursing Ho	me 5 ☐ Reside 28d. Describe ho			y)
Division	tal or Attandi	Certification:	3 ☐ Sulcide 6 ☐ Could not b determined	28e. Place of Injury - At ho building, etc. (Specify	me, farm, stree)	et, factory, office		28f. Location (St City or Town		per or Aura	il Route Number,
	the Hospital or At thin 24 hours after of the Funeral Direct impletely filled in by	edicai	29a. Certifying Ph (Check only one) Certifying Ph 2 Medical Example	yalcian: To the best of my knowniner: On the basis of examinational and manner stated.	vledge, death o ion end/or inve	occurred at the ti stigetion, In my	me, date and placa, opinion, death occurr	and due to the co	euse(s) end me ete and placa,	enner as st and due to	lated. the ceuse(s)
	0 0	Σ	29b. Signature and title of certifier	10 400		29c. Licen:		2	9d. Date signe	d (Month,	Dey, Year)
(E)		30. Name and address of person who	Completed cause of death (Item	23e) (Type Pr		1587		2/2	0/9	/
_			Dr. Helen Noble 1	22 Spear Rd. Si	uite 5,		rtown, MD	21620			
8	Sta Registr		FEB 21 1997	32. Registrar's Signet							

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State of Maryland / Department of Health and Mental Hygiene

05081 Certificate of Death 1. Decedant's Nema (First, Middle, Last) 2. Data of Daath 3. Time of Death Feb. Physician 1997 Vincent J. Marsonek 17, 6:15 AM /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Deaton Nursing Home Baltimore 5. Social Sacurity Number If Under 1 Yeer If Under 24 Hrs. 7. Age (In vrs. lest birthday) Birthpiaca (Stata or Foreign Country) **Funeral** 1 □ M 2 □ F Deys Hours 92 Yrs. 711-07-4358 Director JAN. 21, 1905 Maryland Usual Residance of Dacedani 10e. Steta 10b. County 10c. City. Town or Location IOd. Insida City Limits 28a-f ahow 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be inclined at Director 1 ☐ Yas 2 No N/A Baltimore the 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 1104 S. Carey Street 21223 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yes, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuben, Maxicen, Puarto Rican, etc.) 11. Marital Status 14. Race - American Indian. Bleck, White, atc. filed within 72 hours efter 1 Never Merried 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: Specify: p 3)∏Widowed 4 □ Divorced white Completed 15. Dacedent's Education (Specify only highast grada complated) 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Hygiena. 6 Merchant Marine Cargo 17. Father'a Neme (First, Middle, Last) permit. Pages 1 and 2 should be file Depertment of Health and Mental Hy Important: If I lam 27 I a marked other any Injury or other traumatic event ones. 18. Mother's Neme (First, Middla, Maidan Surnama) Be Michael Marsonek Rose Duraczynska 19a. Informant's Neme/Raiationship (Type, Print) 19b. Meiling Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Dawn Hafer - friend 12 Gilmore St., Glen Burnie, Md. 21061 20b. Piece of Disposition (Nama of cematary, cramatory or other piece) 2/20/97 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Remove from Steta 4 ☐ Donation 5 ☐ Other (Specify) Baltimore, Md. Holy Rosary Cemetery 21. Signeture of Funaral Sarvice Licensea 22. Name and Address of Facility Gary L. Kaufman Funeral Home at Meadowridge 7250 Washington Blvd., Elkridge, Md.

23a. Part1. Enter tha disaasa, or complications thet caused tha daath. Do not anter the mode of dying, such es cardiac or respiratory errest, shock, or haart failure. List only one cause on each line. Mia Approximete intarval Between Onset and Death **Physician** /Medicai Immadiata Causa (Final meeunoma disaasa or condition rasulting in deeth) Examiner Sequantielly list conditions, if any, laading to Immadiate ceusa. Enter Underlying Cause (Disease or Injury thet Initieled avants rasulting in daath) Last Dua to (or as a consequence of): pue ettending physician e for use as the burielvision of Vital Records, P.O. Box 68760. 2 Physician/Medical Due to (or es e consequence of): The lew requires that the death certificate Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? signed by I 1 Yes 2 No 3 Probably 4 Unknown frame weer @ saerum þ 24b. Wara autopsy findings available prior to completion of ceusa of death? 24a. Was an autopsy performed? Completed page 1 ☐ Yas 2 1 No 1 □ Yas 2 □ No certificate Physician: Be 25. Was casa rafarred to medical 26. Placa of Death (Check only ona) axaminar? Other: 4 Nursing Home 5 Rasidance 8 Other (Specify) Hospital: 2 1 Yas 2 No 1 Minpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manper of Death 28c. Injury at Work? 28e. Dete of Injury (Month, Day Year) 28b. Tima of 28d. Describe how injury occurred Certification: Ather 5 Pending Investigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accidant 3 Sulcida 6 Could not be datarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28e. Plece of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicide 1 Cartifying Physician: To the best of my knowledga, daath occurred at tha tima, data and piaca, and due to the ceuse(s) and menner as steted.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and piaca, and due to the cause(s) and menner stated. 29e. Certiflar 29b. Signature end atla of cartifier 29c. Licanse number 29d. Data signed (Month, Day, Year) 30. Nama and addrass of net Charles St. Balturre. Md. 21230 aler 32. Registrar's Signat 31. Data files (Month, Day, Year) State FEB21

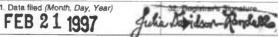
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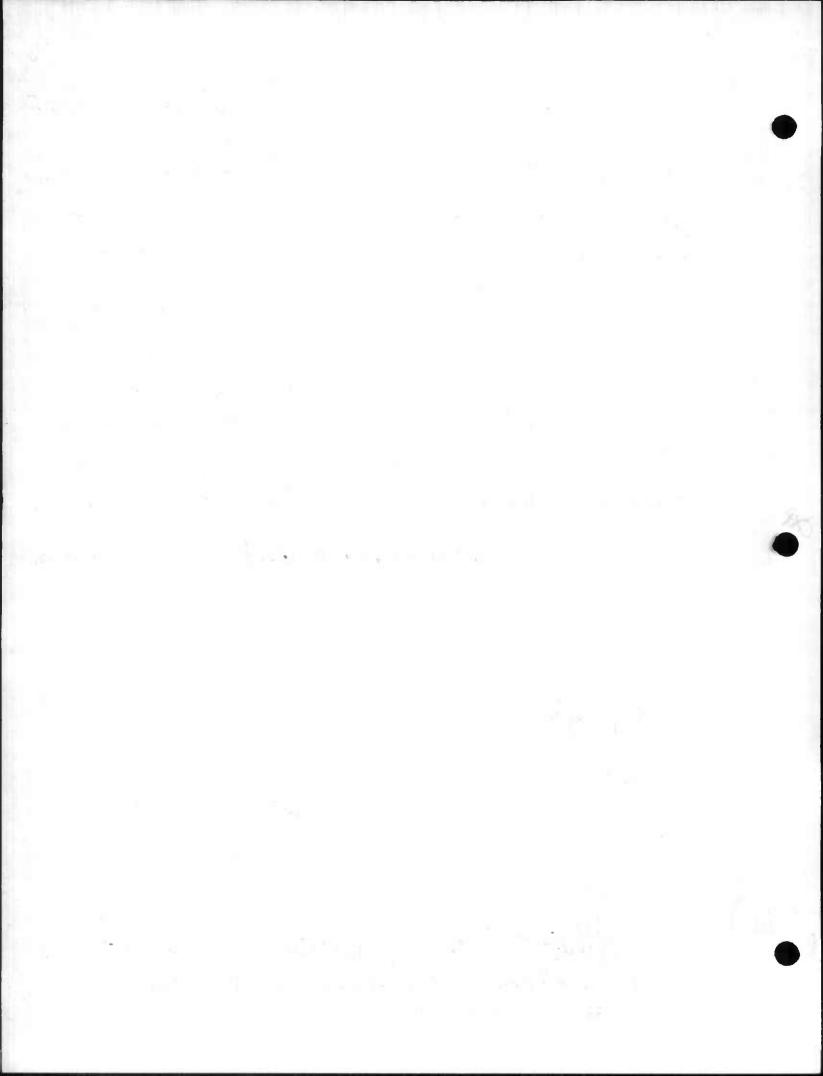
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1215-0	d 21215-0020 Illed within 72 hours after death with the Maryland Hygiene. Hygiene, and hastural, or items 23s or 28s-4 show ent, the Medical Enaminer must be notified at	Completed	15. Decadant's Education (Specify only highest grade completed Elementery/Secondery (0-12) College	(1-4or 5+)	(Giva k life, D	int's Usual Occup ind of work dona O NOT usa ratired ORER	eatlon during most of wo d)	rking	16b. Kind of Bu			
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	d 2 sh th end 7 is m traum		19a. Informant's Name/Relationship (Type, Print) DIANE M. MILLER DAUGH	TER			and Numbar or Ri				Coda)	
Baltimore,	S - E 0		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from 4 ☐ Donetion 5 ☐ Other (Specify)	Stata	laca of Disposi amatary, crama JDON PA	atory or other place	1	Data 2-20-97	20c. Location -			
Balti	permit. Pege Depertment of important: If any injury or once.		21. Signature of Funeral Service Vicansaa	D. 6	22. D	Nama and Addra	ss of Facility	I INICIDAT.	HOME	- -		
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e 5 .	- F - O	=	29b. Signatura and Alla of cartiflar Pure W A	llende	cy Dod	29c. Licansi		7	29d. Data signed			
	10		30. Name and address of person who completed cau	se of death (Item	(17 C UT +	int)	2168 A	ADRNA	MDZ	1122		



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				Certificate of E	Death	Re	g. No.		
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			Evergreen Nursing Hon	10	Baltimo	ore	NI	A	
	Funeral		5. Sociel Security Number 6. Sex 7. Age (In yrs. last	Months Devs	If Under 24 Hrs. 8 Hours Min.	Dete of Birth (Mogth, Day,	Year)	9. Birthpl	lece (State or Foreign
	Director	4	740-09-1266	Yrs.		8 12	15	NOT	h Carolina
	and *		Usuel Residence of Decedent 10a. Stete 10b. County 10c. City. To	own or Location				146	Od. Inside City Limits
	Aaryl • ho	5	MILA D.		<i>'</i>				1 Pres 2 No
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	with a se		1,022 11 10ct 1 1 ca D1	212	l~	10	/ 1	< m	нут
	eath ma 23	Funeral	11. Maritel Status 12. Was Decedent Ever In U.S.	13 Was Decedent of His	spenic Origin? (Specif	v Yes or No.	14 Rec	e - America	an Indian
	fter d	F	Armed Forces?	13. Was Decedent of His If Yes, specify Cuber	, Mexicen, Puerto Ric	an, etc.)		k, White, e	
070	a Sun	by	1 □ Never Married 2 □ Married 1 □ Yes 2 □ No If Yes, Give Yeer or Detes:	1 ☐ Yes 2 Ø No	Specify:		Specify	n. 1	merican
21215-0020	d within 72 hours after death with the Maryland jiene. I than "natural", or items 23a or 28s-f show the Magical Examiner must be notified at	B	15. Decedent's Education 16	6e. Decedent's Usuel Occupa	tion	1	6b. Kind of Bu		
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Vla		10	Dave Herce		ANNIE	Will	lams	2	
Maryland	end end m		19a, Informent's Name/Relationship (Type, Print) Daugher)	9b. Meiling Address (Street e.	nd Number or Rural F	loute Number,	City or Town,	Stete, Zip	Code)
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ore	0 0		20e. Method of Disposition 1 Surial 2 Cremation 3 Removel from State	of Disposition (Name of atery, cremetory or other place)	Dete 2	Oc. Location	City or Tox	wn, State
Ë	Pages ment of I ant: if Ite ury or of		4 Donetion 5 Other (Specify)	dlawn	21	22/97	Saltu	nore	, md.
Baltimore,	permit. Pag Department Important: if any injury o		21. Signature of Funeral Service Licensee	22. Name end Address	s of Facility	Giner	al Ho	me	
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			231 Pert1. Enter the disease, or complications that caused the death. D shock, or heert feilure. List only one cause on each line.	o not enter the mode of dying	, such es cardiec or r	espiretory erre	st,	71.1	Approximate Intervel Between
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	/Medical Examiner		Immediate Ceuse (Final disease or condition resulting in death) e.	Vasquelen 4	culent			u	ulwown
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Ć,	certificate be executed ding physician and ise es the burial-transit	Examiner	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury	e consequence of):				i	
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	tifical g ph	//Medical	resulting in deeth) Lest	a consequence or,					
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	tanding Pheeth.	on:	27. Manner of Deeth 1 ☐Neturel 5 ☐ Pending 28e. Dete of Injury 28t. (Month, Day Yeer)	b. Time of 28c. Injury Work	at 280	d. Describe how	w injury occurr	ed	
Sic		cat	2 Accident Investigation 3 Suicide 6 Could not be		es 2 No				
Division	or At after of Direct in by	Certification:	4 ☐ Homlcide determined 28e. Plece of Injury - At home, building, etc. (Specify)	ferm, street, fectory, office	281	City or Town,		ar or Rural	Route Number,
-	III III		29e. Certifler 1 Certifying Phyeician: To the best of my knowled	fro. dooth occurred at the time	data and place and	Lelve to the co	(=)		- A - d
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J	A de la la	Me	29b. Signature end title Confiner	29c. License	number	29	d. Dete signed	1 (Month, E	Day, Year)
1			> // (Vest no	027	179		2/20	197	
	1		30. Name and applicate of person wife sempleted cause of death (Item 23e	a) (Type, Print)		0 -	- (-	1//	
	,		Helen Hettleman 183	38 Eveno	Tree	GR #	300		
	Sta	-	31. Dete filed (Month, Dey, Year) FEB 2 1 1997 32. Decistrer's Streeture	002					
	Registr	ar	FEB 21 1997 Julia Durdson-Monde						



State of Maryland / Department of Health and Mental Hygiene

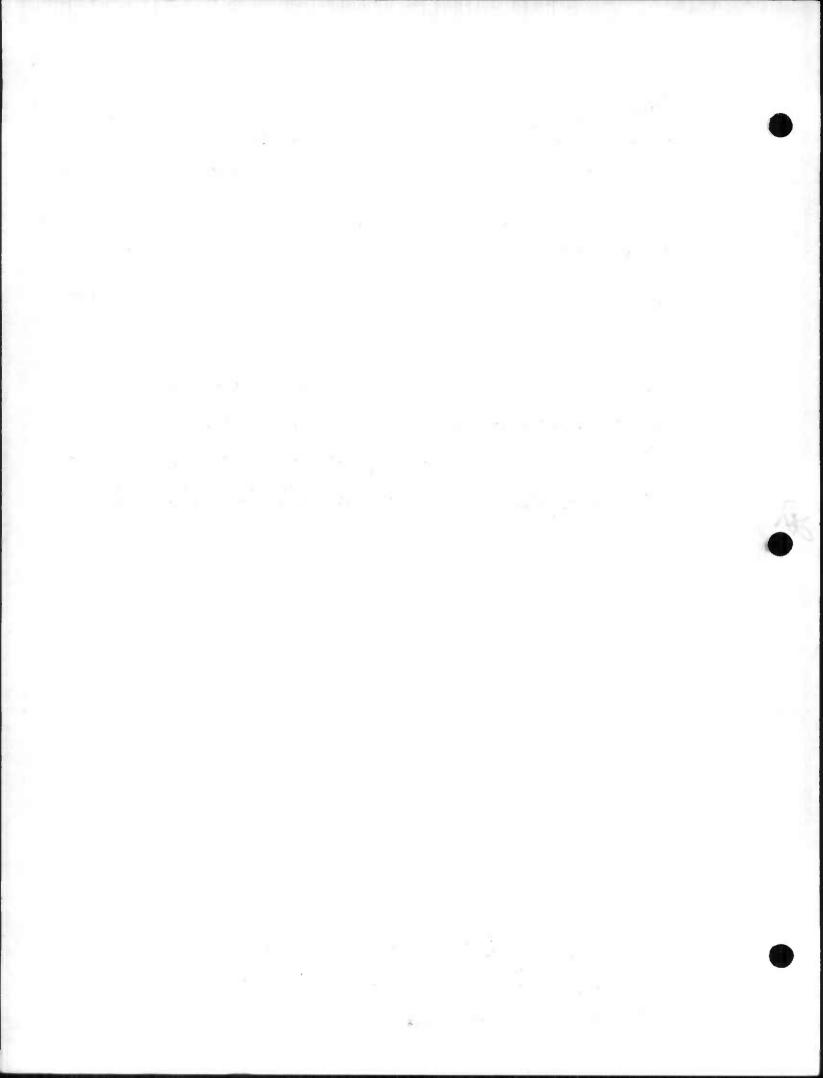
Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** 1c Nade 7:50 avic largarel 1997 tebruary/8 /Medical 4a. Facility Name (If not institution, give greet and number) 4b. City, Town, or Location of Death / 4c. County of Death Examiner Agnes Hospital Baltimore If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 8. Date of Birth (Month Day, Year) 03/26/1913 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 1□ M 20 F 212-01-1823 Maryland 83 Yrs. Director Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or items 23a or 2a. 4. Application of other traumatic event, the Maryland pages. 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes & No MD. Baltimore Catonsville Direct 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7A North Beaumont Ave. 21228 U.S.A. Funeral 12. Was Decedent Ever In U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-iff Yes, apecify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American indian, Biack, White, etc. 11. Marital Status 1 Never Married 2 Married 1 ☐ Yes 2 ♠ No if Yes, Give 1 Yes 2 No White by if Yes, Give Year or Dates: 3X Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Margaret M. Kuhl Joseph A. Muth 2 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9397 Parsley Dr. Ellicott City 21042 Linda Tirocchi/ Daughter 20a. Method of Disposition

↑ EF Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Date New Cathedral Cem. 4 ☐ Donation 5 ☐ Other (Specify) 2/21 Baltimore, MD. 22. Name and Address of Facility
Sterling Ashton Funeral Home, 736 Edmondson Ave. Balto., 21228 23a. Part1. Enter the disease, or complications that caused it shock, or heart failure. List only one cause on each line plications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Betw Onset and Death **Physician** /Medical Immediete Cause (Final disease or condition rasulting in death) provasa Examiner Due to (or as a consequence of): Examiner and I-transit that the death conflicate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or as a consequence of): physician a s the butal-Records, P.O. Box 68760 Physician/Medical that initiated events resulting in death) Last Due to (or as a consequence of): 8 for use as signed by the a d be detached t Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ģ 24a. Was an autopsy performed? 24b. Were eutopsy findings available prior to completion of cause of death? Completed Dog ğ has se 2 certificate 1 Yes 1 Yes ZELNo Vital 25. Wes case referred to medical examiner? Be 28. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) ٩ 1 Yes 2 No to Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ŏ 4 28a. Date of injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: Division Attending 1 Netural 5 Pending Investigation 1 Yes 2 No 2 Accident 8 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Pleca of Injury - At home, farm, street, fectory, offica building, etc. (Specify) or A alter 4 Homlcide 24 hours Hospital 29a. Certifier Medical 🔀 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) To the 1 within 2 To the 1 complet 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifie 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Marda Bal 6 have FEB 21 1997 32. Registrar's Signature State Registrar

Julia Deridson-Randall

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

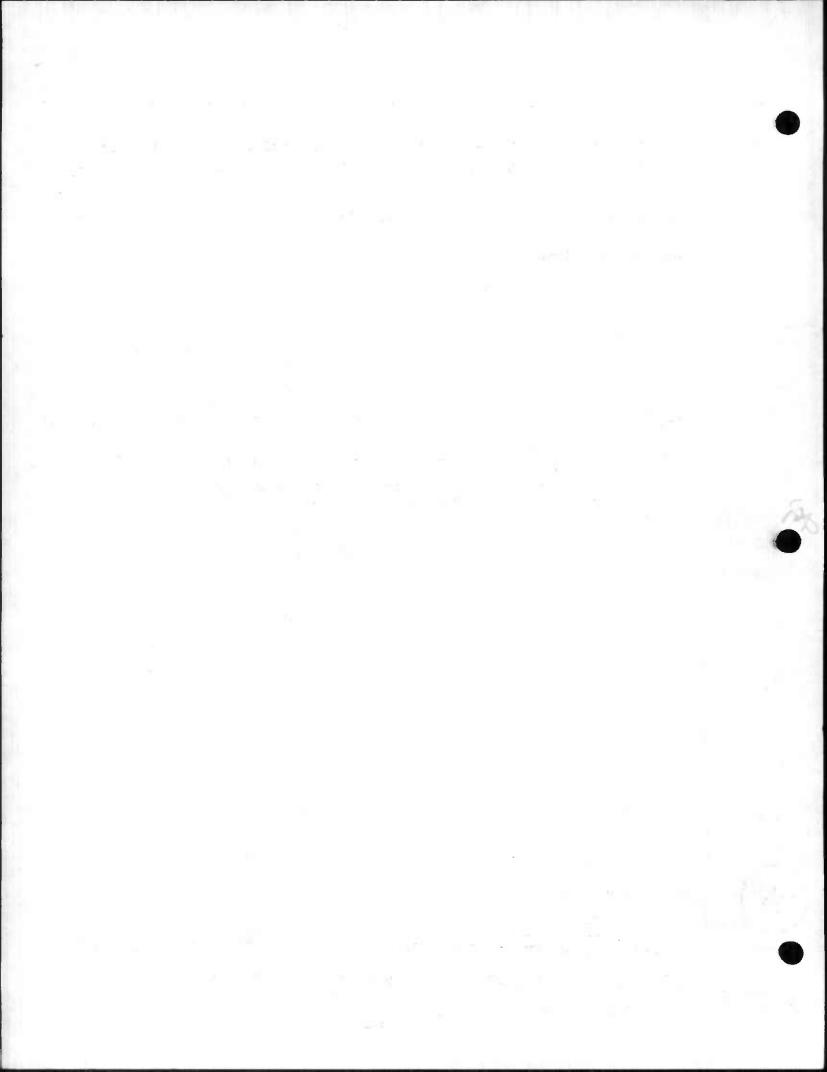
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	Exami	ner	4a. Facility Neme (If not inst	itution, give	street end number)				4b. City, Town, or	Location of Deeth	4c. County	of Death	
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	g .		Usual Residence of Decede			,					1.00.0,1			1100000
	show and		10a. State 10b. Co	ounty		10c. Ci	ty, Town or	Location						10d. Inside City Limits
	the Marylar 28a-f show notified at	Director	-	tgome	ry		Rocky	ville	1,425					1√ Yes 2□ No
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	23a	rai	6121 Montros	e Roa					0852			U.S.		
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	n /2 hours naturel', edical Eva	Completed	15. Dec (Specify only h	adent's Ed			16a. Dec	cedent's Usu	al Occup	pation during most of wor	rkina	16b. Kind of B	usiness/ir	ndustry
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E	xaminer		disease or condition resulting in death)		a. CAR					LUN	a			2 ITAR
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Ť	Direction of the party of the p	Certification:	4 ☐ Homicide de	termined	28e. Piece of Inj building, et	c. (Specif	оте, tam, : y)	street, tactor	у, опісе		City or Tow	n, Stete)	er or Hun	el Route Number,
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-	GILO	Me	29b. Signeture end title of ce	rtifier	-			29	c. Licens	se number	1 2	29d. Dete signe	d (Month,	Dey, Year)
	540		Sle	uer	Legs	-01	~ M	DI	0	75885	-	FEB.	12,	1997
			30. Name and address of per	son who co	ompleted cause of d	leath (iten	23e) (Type	e, Print)	1/19-20	1085	PD P	202111	, ==	WD
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Registrar

31. Dete tiled (Month, Dey, Year) FEB 21 1997

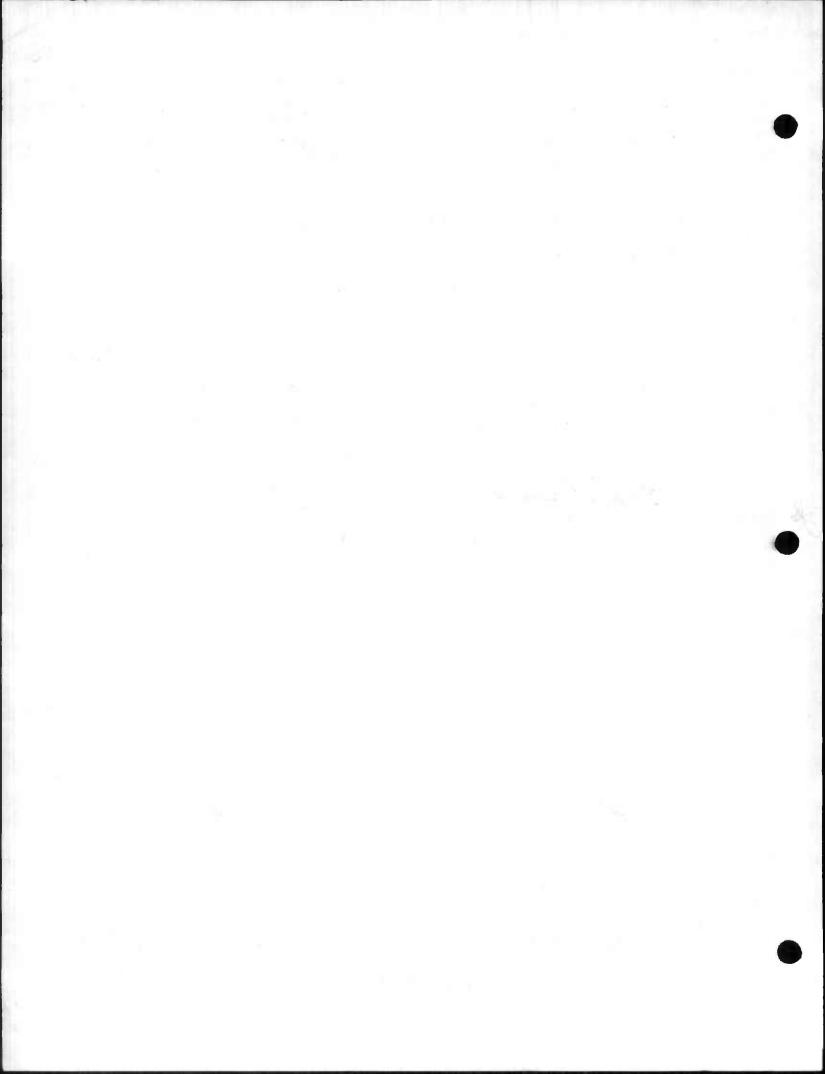
32. Registrar's Signeture



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 05086

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29b. Certifier (Check anly and) 29b. Certifier (Check anly and) 29b. Signature endritie of certifier 29b. Signature endritie of certifier 29b. Signature endrities of certifier 29b. Signature endrities of certifier 29c. Certifier (Check anly and) 20c. License number 29c. License number 29d. Dete signed (Mont), Dey, Yeer)	Single Si	cal	Z = / NOOIGOIN		Internal Astron				204 Leasting (C)		D/	De de Maria
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end menner steted. 29b. Signature endruile of certifier 29c. License number 29d. Dete signed (Month, Dey, Yeer)	urs a urs a lied											
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$1 \times 1 \times 1 \times 1 \times 1 \times 1 \times 1 \times 1 \times 1 \times 1 \times$	Mithin To th		29b. Signature endruite of certifier				29c. Lice			9d. Dete signed	(Montp. D	Jey, Yeer)
30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) MYO THANT 6830 DOSPITAL DRIVE, STE 206, BYCTO, MJ State Registrar 31. Date filed (Month, Dey, Yeer) 32. Registrar's Signature FEB 2.1 1997 Author Manda Completed Cause of deeth (Item 23a) (Type, Print) No. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) DRIVE, STE 206, BYCTO, MJ 21.23) (16. M	\mathcal{O}			\mathcal{D}	118487	7	2/1	7/9	7
State Registrar 31. Date filed (Month, Dey, Yeer) 32. Registrar 33. Date filed (Month, Dey, Yeer) 34. Registrar 35. Registrar 36. Registrar 37. Registrar 38. Registrar 39. Registrar 30. Registrar			20 Nama and address	nompleted :	d do at the	00-1/7	D-1-1)	,		0/1	111	
State Registrar State State A 2 31. Date filed (Month, Dey, Yeer) State Registrar A 2 32. Registrar's Signeture	V			4 NT	1 deeth (Item :			DRIVE	57e	206	BHCZ	O, MD
			31. Date filed (Month, Dey, Yeer) / EER 2.1 1007	32 Reg	Istrer's Signetu	The state of	0.			-	W	2123



State of Maryland / Department of Health and Mental Hygiene 97

Item: 4c, per V.R. G-744 2/21/97 reb Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month Dey **Physician** 20 199 HAZEL 1232 AM F-EBRUARY /Medical 4e. Fscility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Desth **Examiner** SINAL HOSPITAL OF BATTIMORE BALTIMORE If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthdey) 9. Birthplece (State or Foreign **Funeral** Deys Months Hours 1□M 20 F 088-10-2411 88 Maryland Yrs. Director Usual Residence of Decedent with the Manyland Oe. Stete 10b. County 10c. City, Town or Location **ehow** 10d. inside City Limits 7 is marked other than "natural", or items 23s or 28s-f sho traumatic evant, the Medical Examinar must be notified at Maryland N/ABaltimore YE Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2700 North Charles Street 21218 USA Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes ≥ 2 ②No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Rece - American Indien, Bleck, White, etc. permit. Peges 1 end 2 should be filed within 72 hours after of Department of Heelth and Mentel Hyglene. Important: If item 27 is marked other than "natural", or the any Injury or other traumatic event, the Wadical Evantereness any Injury or other traumatic event, the Wadical Evantereness. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: Black þ 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Self-Employed/ Elementery/Secondery (0-12) College (1-4or 5+) Performer Entertainment 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Anthony Dias Anna Covington Jones 19e. Informent's Neme/Reletionship (Type, Print) Alice Snyder/friend 19b. Meiling Address *(Street end Number or Rural Route Number, City or Town, S*tete, *Zip Code)* 51 Old Knife Court Baltimore, MD 21220 20e. Method of Disposition
1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 2/20/97 Metro Crematory, Inc. Baltimore, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licenses 2Cremation Socrety of Maryland, Inc. George E. MacNabb 299 Frederick Rd. Baltimore, MD 21228 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final Bowel diseese or condition resulting in death) ISCHEMIA Examiner ASCULAR LISENSE attending physician and for use as the burial-transit The lew requires that the deeth certificate be axecuted Exam Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es a consequence of): Box 68760. Physician/Medical Due to (or es s consequence of): P.O. I Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? sate has been signed by page 2 should be detact 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No MYRERTENSION, BUNDLE BRANCH BLOCK Records, þ 24b. Were eutopsy findings evsileble prior to Completed 24e. Wes sn eutopsy completion of cause of deeth? 2MNo 1 Yes 1 ☐ Yes 2 ☐ No certificate **Division of Vital** Nospital or Attending Physicien: 24 Nours effector: Affector: After this certifical Funeral Difector: After this certifical 25. Wes case referred to medical exeminer? director Be 28. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) ဥ 1 ☐ Yes 2 No 1 Inpatient 2 □ ER/Outpatient 3 □ DOA funeral 28c. Injury et Work? Certification: Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 5 Pending Investigation Netural 1 ☐ Yes 2 ☐ No 2 Accident filled in by the 3 Sulcide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner es stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date and plece, and due to the cause(s) end menner stated. 29e. Certifier To the Nosp within 24 hor To the Fune completely fi edical 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Yeer) AS 2402321-TR-9008 FEBRUARY 20 199 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

ZYOI W. BELVEDERE AVE, BALTIMORE, HD 31. Dete filed (Month, Dey, Yeer) State Registrar

DHMH 16 Rev 6/95

(por 6 ; 7

A Service Transfer on the service

7. Age (In yrs. lest birthday)

79

Yrs.

If Under 1 Year If Under 24 Hrs.

Hours

1 ☐ Yes 2 ☐ No

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s)

D 26002

29c. License number

Deys

State of Maryland	I / Department of Health an Certificate of Death	d Mental Hygiene	97	05088
ROBERT	MAYNARD	2. Dete of Deeth Month Dey EBRUARY 19	Yeer 1997	3. Time of Deeth 9:22 A.M.

4b. City, Town, or Location of Deeth

TOWSON, MARYLAND BALTIMORE

8. Dete of Birth (Month, Dey, Year)

July 24,1917

4c. County of Death

Birthpiece (State or Foreign Country)

Brady

Approximete interval Between Onset and Deeth

4 DAYS

4 DAYS

10 DAYS

2 DAYS

1 ☐ Yes 2 No

10d, Inside City Limits 1 Yes 2 No

New York

Physician /Medical Examiner

Funeral

the Maryland a or 28a-f show with "natural", or items 23s death filed within 72 hours after The Medical 7 is marked other treumatic event, t

21215-0020

Baltimore, Maryland

Physician /Medical Examiner

The law requires that the death certificate be executed and buriai-trar Records, P.O. Box 68760, physician use as the signed by i page 2 should peen certificate of Vital Physician: this eral Director: After thi filled in by the funeral Division or Attending death. after

4e. Fecility Neme (If not institution, give street end number) SAINT JOSEPH MEDICAL CENTER 5. Sociel Security Number 1XM 2□ F Director 213-09-3914 Usuel Residence of Decedent 10e. Stete 10b. County Director Maryland 10e. Street end Number 6208 Marglenn Funeral 11. Meritei Stetus 1 Never Merried 2 Married þ 3 ☐ Widowed 4 ☐ Divorced Completed Eiementery/Secondery (0-12) 12th. Grade 17. Father's Neme (First, Middle, Last) . Pages 1 and 2 should be fill thent of Health and Mental Heart: If item 27 is marked out Jury or other treumatic even Be 20e. Method of Disposition permit. Page Department of Important: If any injury or uanita ox Immediete Ceuse (Finei diseese or condition resulting in deeth) Examiner Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Last Physician/Medical þ Completed Be 25. Wes cese referred to medical P 1 ☐ Yes 2 No 27. Manner of Deeth Certification:

1. Decedent's Neme (First, Middle, Last)

GEORGE

10c. City, Town or Location Baltimore Overlea 10f. Zip Code 10g. Citizen of Whet Country? Avenue 21206 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒No if Yes, Give Yeer or Detes: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) Rece - American Indian, Bieck, White, etc. 1 ☐ Yes 2 X No Specify: Specify: White 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Supervisor Steel Manufacture 18. Mother's Neme (First, Middle, Maiden Sumeme) George Edward Maynard Edith Unknown 19e. tnformant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) George W. Maynard/ Son 129 Elinor Avenue Baltimore, MD 21236 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete Dete 1 ₺ Buriei 2 Cremetion 3 Remove from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Moreland Memorial Park 2/22/97 Baltimore, MD 21. Signal of Funerei Service Licensee 22. Neme end Address of Fecility
John C. Miller, Inc. Homa 6415 Belair Road Baltimore, Md 21206 23a. Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, which, or heart feilure. List only one cause on each line. RESPIRATORY FAILURE Due to (or es e consequence of) PNEUMONIA Due to (or es e consequence of): INTERSTITIAL LUNG DISEASE Due to (or es e consequence of): CEREBROVASCULAR ACCIDENT Pert ii. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 XYes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings eveilable prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? 1 ☐ Yes 2 XNo 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 XInpatient 2 ER/Outpetient 3 DOA 28a. Dete of fnjury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 1 Neturei 5 Pending investigation

State Registrar

Medical

JOHN H. 31. Date filed (Month, Day, Year)

29b. Signature and title of certifier

2 Accident

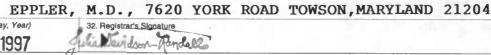
3 Suicide

29e. Certifier

4 Homicide

FEB 21

6 Could not be determined



end menner steted.

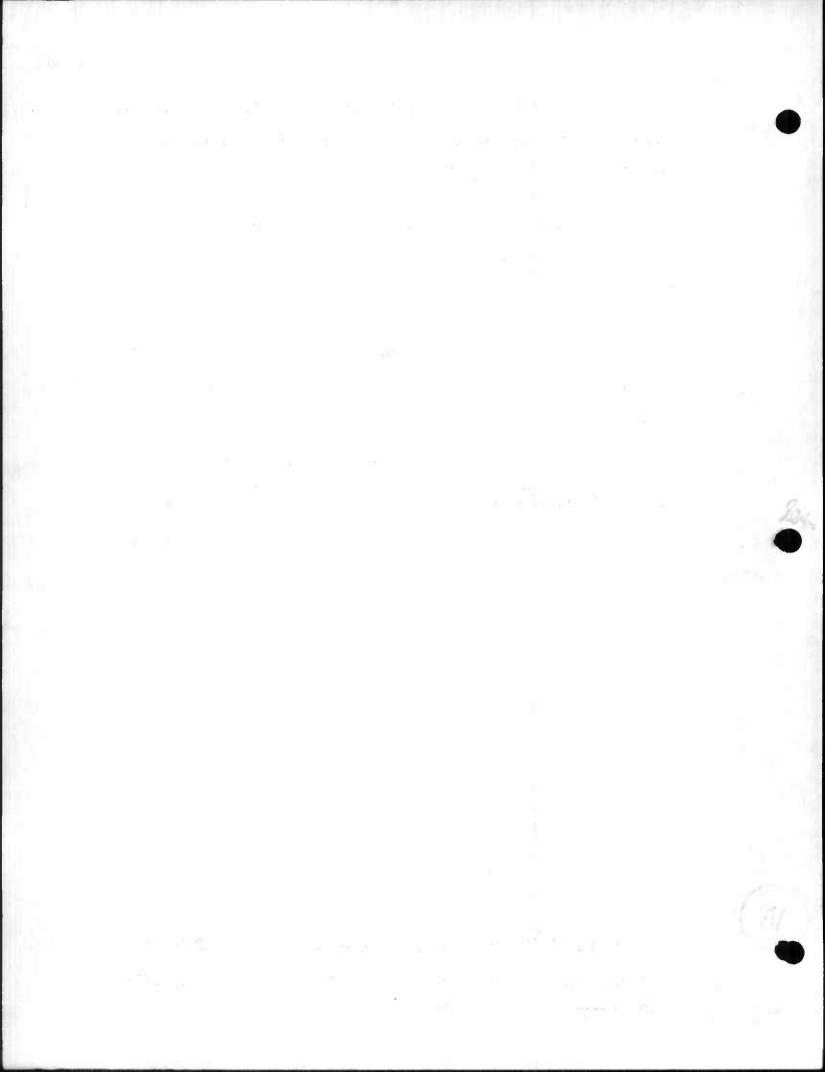
30. Neme and entrees of person who completed cause of death (item 23e) (Type, Print)

28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

DHMH 16 Rev 6/95

29d, Dete signed (Month, Dey, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	WildAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	the best been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	Ith the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	w requires that	been signed by	pt. of Health and	3 shows any	
	N: The la	ficate has	State De	Item 2	
	PHYSICIA	this certi	with the	rked, or	
	TENDING	DR: Alber	ther death	S is ma	
	198 A	DIRECT	Nou E	Jaffin 2	
	ļ	4	vithin 72	ANT	
,	東田	DIE	e fled w	MPORT	
	7	eri.	40	-1	

TO BE COMPLETED BY FUNERAL DIRECTOR

						97	05089
FOR 1 - STATE REGISTRAR	STATE OF MARYI		MENT OF HEALTH A				
1. OECEDENT'S NAME (First, Middle, Last)		CENTIFIC	ATE OF DEAT		REG. NO.		
1. DECEDENT S NAME (PISS, MIDDIN, LISS)	111:00			MON		YEAR	TIME OF DEATH
LEE KOY	OLIVER			0	2 15	1997	5 TO PM
4. SOCIAL SECURITY NUMBER	/	7)	F UNDER 1 YEAR IF UNDER 24 ONTHS DAYS HOURS	HRS. 7. DAT	E OF BIRTH	8. BIRTHPL Comptry)	ACE (State or Foreign
98. FACILITY NAME (If not institution, give	1 M 2 □ F 6	YRS.	b. CITY, TOWN OR LOCATION	- 19	9.6,1934	UNTY OF DEA	
Northwest	Nursing (enter	DIL	nore	96, 60	NI OF OE	A
RESIDENCE OF DECEDENT	7			, - ()		- 14	
10e. STATE	xel A	10c. CITY, 1	OWN OR LOCATION			1	Od. INSIDE CITY
Maryland	NIT	16	altimor	e		1	XYES 2 NO
104. STREET AND NUMBER	Mall Dd		10f. ZIP CODE	21/	10g. C	TIZEN OF WH	AT COUNTRY?
TOU FAIL	Mall No		do	メロ		11	>A
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDENT EVER I	2 NO	13. WAS DECENDENT OF If yes, specify Cuben,			14. RACE - Black, 1	- American Indian, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		Specify:		Apacity:	1
15. DECEDENT'S EDU	I CATION		1			MITTO	-Hmerical
(Specify only highest grade		16e. DECEDENT'S US (Give kind of work	done during most of working	16	Sb. KIND OF BUSINESS/II	HDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 6+)	Main	tenance	2	Auto	Indi	1str1
17. FATHER'S NAME (First, Middle, Last)			18. MOTHE	R'S NAME (First	, Middle, Maldee Surname	1	7
unkno	wn		Er	nma	Thor	-nto	n
19a, INFORMANT'S NAME (Type/Print)	Oliver	1231	DIVISIO	Rural Route Nul	mber, City or Town, State, i	to. M	d.21217
20e, METHOD OF DISPOSITION 1 36 Burtal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	novel from State	PLACE AND DATE OF the netery, cremetory or other	DISPOSITION (Name of	+ 2/2	TE 20c. LOCATION -	- City or Town	Ville Md
21. SIGNATURE OF FUNERAL SERVICE LI		1011110	22. NAME AND ADDRESS	OF FACILITY	177 01011	1951	11113,110
Loseph	I. Ku	11	Joseph L	Rus	s Funei	al t	lome
23. PART Enter the diseases, or	complications that cause	d the death. Do not	enter the mode of dying	a, such se ce	rdiac or respiratory	rreat.	Approximate
shock, or heart failure.	List only one cause on e	each line.			,		Interval Between
IMMEDIATE CAUSE (Final disease or condition	· ure	12.46					Onset and Death
reaulting in death)	a	A CONSEQUENCE OF):					months
	P (UR AS	A CONSEQUENCE OF):	. /				- 4
Sequentially list conditions,	b CNIL	Stage 18	mal disease	e			months
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (QR AS	A CONSEQUENCE OF):					
CAUSE (Disease or injury	C						
that initiated events reaulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
	d						ļ
PART II. Other algnificant condition	na contributing to death !	out not resulting in t	the underlying cause giv	ren in Part I.	24s. WAS AN AUTOPS	y 246 W	ERE AUTOPSY FINDINGS
					PERFORMED?	A	MILABLE PRIOR TO
					1 TYES 2 NO		OMPLETION OF CAUSE F DEATH?
						1	YES 2 NO
DID TOBACCO USE CONT	RIBUTE TO CAUSE C	OF DEATH YES	☐ NO ☑ UNCE	RTAIN		1	U/A
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH	Check only one)				
1 TES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		THER: Nursing Home 5 - Resident	dence 6 🗆 Oth	ner (Specify)		

3 Sulcide 4 Homicide

27. MANNER OF DEATH

1 Natural
2 Accident

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

29s. CERTIFIER (Check only one) 2 MEDICAL EXAMPLE.

26b. TIME OF

28e. PLACE QF INJURY — At home, farm, street, factory, office building, etc. (Specify)

26c. INJURY AT WORK?
1 YES 2 NO

29d. DATE SIGNED (Marrith, Day, Year) 29c. LICENSE NUMBER medicae Atlendina

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 4000 Old court

SchWARTZMID,

D17118

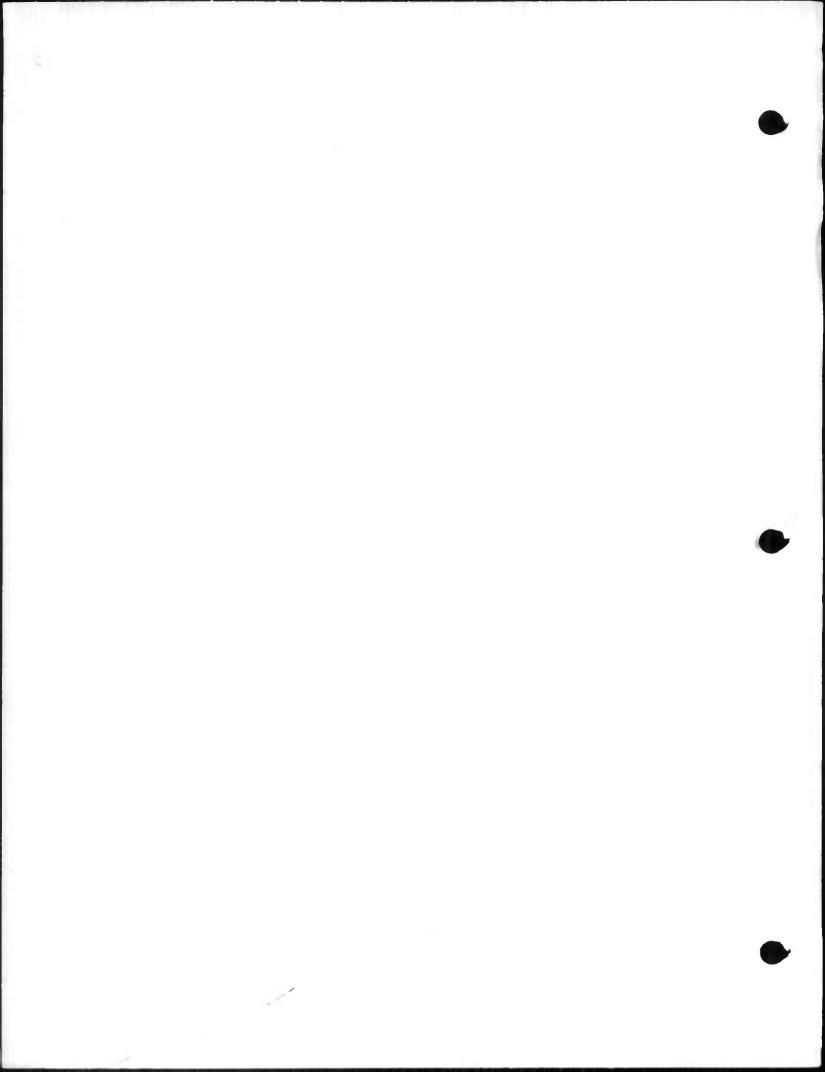
28d. OESCRIBE HOW INJURY OCCURED

261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

31. DATE FILED WARDIN, Day, Year, FEB 2 I 1997

Suft 203 212 JOSE RECONTRACTOR SIGNATURE JULIA DAVIDSON MINESON 21208

26a. DATE OF INJURY (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene 97 0509

					Certific	cate of	Death		Reg. No.		
Physicia: /Medica		1. Decedant's Name (First, Middla, Las	O'BRIEN					2. Date of D Month Febru	eath Day		Time of Death
Examine	r	4a. Facility Name (If not institution, gived North Anual Hos. Social Security Number 6. Se	spital	Un um tons h	takata (1) IFI	Indar 1 Yaa		me	At	ny of Death Ine Aru	intel
Funeral Director			M 2□F	(In yrs. last b		nths Days		(Month, D	Nay, Year) 8, 1916	9. Birthpiace Country) Mary La	(State or Foreign
how		10a. State 10b. County			wn or Location					10d. l	nside City Limits
o Ma	200	Maryland Howard Ellicott City						1 ☐ Yas 2 ☐ No			
72 hours after deeth with the Manyand natural; or items 23s or 28s-f show dral Examiner must be notified at sted by Funeral Director		10e. Street and Number 4531 King's Cup (10f. Zip Coda 21042				10g. Citizen of What Country? United States			
		11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Evar In U,S. Amed Forcas? 1 ☐ Yes 2 ☒ No If Yes, Giva Yaar or Datas:		If Yes	 13. Was Decedant of Hispanic Origin? (Specifif Yes, specify Cuban, Maxican, Puarto Richard Yas 2⊠ No Specify: 			В	14. Race - American Indian, Black, Whita, atc. Specify: White	
"netural",	Completed	15. Decedant's Edu (Specify only highest grad	ication le complated)	16	a. Decedent's	Usual Occu	pation during most of wo	rkina	16b. Kind of	Businass/Industr	У
within then.	E I	Elementary/Secondary (0-12) Collega (1-4or 5+)			lifa. DO N	OT use retin	ed)		Nurgir	ng Cente	r
should be filed withlind Mental Hygiene. marked other than imatic event, on M		17. Fathar's Name (First, Middla, Last)		M	aniten	ance	40 14-14-14-14-1	(57 44'-4-4			T
d be de de de de de de de de de de de de de	0	Bernard O'Brien					18. Mother's Ne		*	ama)	
should ind Men imarks umarks	2	19a. (nformant's Neme/Ralationship (T.	mo Printl	40	h Adollino Ad	dence (Cana	et and Number or R			- 000 - 70 000	4:1
and 2 sho saith and n 27 is me er traum		Charles J. O'Brie		1			Cup Ct.,				
of Hear	-	20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐		cemat	of Disposition ary, cramator	or other pla		Data 22,		n - City or Town,	
permit. Pag Department Important: II any Injury o	-	4 Denation 5 Other (Specify, 21 Signature of Funeral Service Licens		Gren i	Haven N		rass of Facility	997	Glen I	Burnie,	Maryland
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Physician / /Medical Examiner		fmmediata Causa (Final diseasa or condition rasulting in death)	a MASS		HEM.		HAGE			On	proximata sirval Between set and Death
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ysician: The secretificate director, pag		25. Was case refarred to medical axaminer?	tanaitai.			-	26. Place of De	ath (Check only	ona)		
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State of Maryland / Department of Health and Mental Hygiene

05091 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Shamarkey Johndell Owens Month Yaar 1997 Jan 27 0150 /Medical 4a. Facility Nama (If not institution, give street end number) 4b City Town or Location of Deeth 4c. County of Death Examiner Anne Arundel Medical Center Annapolis Anne Arundel If Undar 1 Yaar if Undar 24 Hrs.

Months Deys Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthdey) 8. Data of Birth (Month, Dev. Year) Birthplaca (State or Foreign Country) **Funeral** Yrs. Director. Jan 22 1997 MD Usual Rasidanca of Dacedant permit. Peges 1 and 2 should be filed within 72 hours after deeth with the Meryland Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, in Medical Examiner must be notified at once. 10a State 10b. County 10c. City, Town or Location 10d. insida City Limits MD Anne Arundel Severn 1 Yes X2 No Director 10e. Street end Number 10f. Zip Coda 10g. Citizan of Whet Country? 1819 Dove Court 21144 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - Amarican Indian, Black White etc. 1 ☐ Yas 2 ☑ No If Yas, Giva Yeer or Detes: 1 ☑ Naver Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas X2 ☐ No Specify: Black þ Specify: 3 □ Widowad 4 □ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Businass/Industry Eiamentary/Secondary (0-12) Collega (1-4or 5+) N/A N/A 17. Fathar's Nema (First, Middle, Last) 18. Mothar's Nama (First, Middle, Melden Sumame) Unknown Kisha Racquel Owens 19a. Informent's Name/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) Kisha Jacquel Owens 1819 Dove Ct., Severn, Md 21144 (mother) 20a, Mathod of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other pleca) Data 20c. Location - City or Town, Stata 1 ☐ Buriai 2 ☐ Cremetion 3 ☐ Ramoval from State 20 Jan Metro Crematory 4 ☐ Donation 5 ☐ Othar (Specify) 1997 Balto., Md 21. Signature of Fyneral Service Lige Hardesty Funeral Home, P. A 12 Ridgely Ave., Annapolis, Md 21401 23a. Part1. Entar the disease or complications that caused the death. Do not anter the mode of dying, such es cerdiec or respiratory arrast, shock, or heart feilure. List only one cause on each line. Approximeta intarval Batween Onset and Death **Physician** /Medical immediete Ceuse (Final disease or condition rasulting in death) **Examiner** physician and the burief-transit Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaase or injury thet Initiated evants rasulting in death) Last Due to (or as a conseque Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of) 88 980 for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24e. Was en autopsy certificate hes 2 No 1 □ Yas 2 No 1 Yas Attending Physician: 25. Was casa rafarred to medical axaminer? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No ၉ 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Dey Year) 27. Mannar of Death 28b. Tima of 28d. Describe how injury occurred Certification: 28c. Injury et Work? 1 Neturel 5 Panding invastigation death. 1 ☐ Yas 2 ☐ No 2 Accident the ector: 6 Could not be datarmined 3 Suicida 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28a. Plece of Injury - At homa, farm, straet, fectory, office building, atc. (Specify) 4 D Homicide 29a. Cartifier 🕊 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and plece, and due to the cause(s) snd mannar es stated. Medical 2 Medical Examinar: On the besis of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. (Check only one) 29b. Signatura and titla of certifian 29c. Licansa number 29d. Dete signed (Month, Dey, Year) leval comp 30. Nama end address of parson who complated causa of death (Item 23a) (Type, Print) Rindfleisch. 2001 Medica re 31. Data filed (Month, Dey, Year) 32 Registrar's Signature State FEB 21 1997 Registrar

State of Maryland / Department of Health and Mental Hygiene 97 05092

				Ce	rtificate of	Death		Reg. No.	, 1	00002
Physic /Med		1. Decedent's Name (First, Middle, L	Alexani	der	Pern	1	2. Dete of De Month	ath Day	2994	3. Time of Deeth 2/3D
Exami		4a. Facility Neme (If not institution, g	AL CENTER			4b. City, Town, or Lo	ORE, MD	n/	'a	f
Funeral Director		5. Social Security Number 6. 577 - 12 - 8777 Usual Residence of Decedent	+DM +DF	yrs. lest birthday) 4 Yrs.	If Under 1 Year Months Days		8. Date of Bird (Month, De MAY 1	1,1912	9. Birthp Coun	place (State or Foreign http) CAROLINA
the Maryland	Director	10a. State 10b. County	n/a 10	c. City, Town or Lo	BALTIMOR	RE			1	0d. Inside City Limits V☐Yes 2☐No
ath with the 23a or 2	eral Dire	10e. Street and Number 510 BRIDGE				1225		UNITED	ST	ATES
within 72 hours efter death with the Maryland ene. than "natural", or items 23a or 28a-f show he Masical Examinar man be notified at	by Funeral	11. Marital Status 1 ☐ Never Married 2 ☐ Married 3 ሺ Ŵidowed 4 ☐ Divorcad	12. Was Decedent Ever Armed Forces? 1 ☐ Yes & No If Yes, Give Year or Dates:		was Decedent of I	Hispanic Origin? (Spe pan, Mexican, Puerto I Specify:	olfy Yes or No Rican, etc.)		ce - Americ ck, White, y: BL	
s 1 and 2 should be filed within 72 hours if Heelth and Mentai Hygiene. Item 27 Is marked other than "naturel", other treumatic avent, Ira Medical Exa	Completed	15. Decedent's 8 (Specify only highest g Elementary/Secondery (0-12)	Education rade completed) College (1-4or 5+)	(Give	dent's Usual Occup kind of work done DO NOT use retire ABORER	during most of working	ng	DAVIC	NOSC	CORP.
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1 and 2 sho Heeith and I em 27 is me		19a. Informant's Name/Relationship GONNIE THON	1AS	300	08 SEA	t end Number or Rura MON AE.		IMORE,		
0 = 5		20e. Method of Disposition X 🖾 Burlal 2 □ Cremation 3 4 □ Donation 5 □ Other (Spec	Removal from State	CEDAR	HILL	CEMETERY	2 - 2 2	ANNE A		DELCO, MD
permit. Pa Depertmen Important eny Injury		21. Signature of Funeral Service Lice Bly Bly B	Johnson			MARCH FI			NORT	TH AVE.
Physician /Medical Examiner		23a. Pert1. Enter the disease, or conshock, or heart feilure. List only Immediate Cause (Final disease or condition resulting in death)	a		i ary	Tract u				Approximate Interval Between Onset and Deeth
n certificate be executed inding physician and use as the burial-trensit	in/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	C	to (or as a consect to (or as a conseq		- 44				Jeng
requires that the death cer been signed by the attendir hould be deteched for use	Physician	Part II. Other algnificant conditions	contributing to death buf no		nderlying cause gi	ven in Part I.		obacco uae co Yes 2 No	ntribute to	the cause of death?
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To the Hospital or Attending Pr within 24 hours after death. To the Funeral Director: After it completely filled in by the funera	Certification:	1 Onatural 5 Pending investigation 3 Sulcide 6 Could not 1 determined	on De Co- Dissertis	At home, farm, str	M 1	Yes 2 No	8f. Location (S City or Tox	Street end Numb m, Stete)	er or Rura	I Route Number,
Hospital n 24 hours ne Funeral pletely fillec	edicai C	29a. Certifier (Check only one) Certifying Plant Medical Example (Check only one)	hysician: To the best of my miner: On the basis of exar and manner stated.	knowledge, deeth minetion and/or inv	occurred et the the estigetion, in my control	me, date and piece, e opinion, deeth occurre	nd due to the old at the time, o	cause(s) end ma date end piece,	inner as st and due to	eted. the cause(s)
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State of Maryland / Department of Health and Mental Hygiene 97 05093

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<u>_</u>	To the Hospital or Attending Physician: The law requires the within 24 hours after death. To the Funeral Director: After this certificate has been signed completely filled in by the funeral director, page 2 should be Medical Certification: To Be Completed by		27. Mannar of Death 1 ☑Natural 5 ☐ Panding	28a. Data of Inju (Month, Da	y Year)	28b. Tima o injury	1 2	28c. injui Woi	ry at rk?		28d. Dascribe	how injury occu	rred			
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3/	1)		30. Nama and addrass of person who	complated cause of a	laath (Iten	n 23a) (Tvne	Print)		د ا ر				1			
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Yudhistra Markan, M.D., 1406 S. Crain Hwy., Glen Burnie, Maryland 21061

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State Registrar

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** 7:18 Am -0 /Medical 4a. Facility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** Bel Air Bel Air Nursing & Rehab. Center Harford | If Under 1 Year | If Under 24 Hrs. | S. Data of Birth (Month, Day, Year) | Min. | MAY 07, Year) 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplace (Stata or Foreign Country) Latvia **Funeral** 1 M 2 F 372-32-4373 86 Director Usual Rasidance of Decedent filed within 72 hours after death with the Maryland 10a. Stata 10d. Insida City Limits 10b. County 10c. City, Town or Location r than "natural", or itema 23s or 28s-f show the Medical Examiner, must be nothed at Maryland Harford Edgewood 1 Yas 2 No Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2404 Hanson Rd., Apt. 37 21040 USA Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ∑ No If Yas, Giva Yaar or Datas: 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Biack, Whita, atc. 1 Nevar Married 2 Married 1 Yas 2 No þ 3 □Widowed 4 □ Divorced White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If fem 27 is marked oths any injury or other traumatic event, solice. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Edvards Sturms Margareta Edolf 19e. tnformant'a Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 2402 Hanson Rd., Apt. 32 Edgewood, MD 21040 Andris Kaminskis/Nephew 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burlal 2 Cramation 3 ☐ Ramovai from Stata Metro Crematory, Inc. 2/21/97 Baltimore, MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Service Licensae Dawn F McDonald ²²Cremation Society of Maryland, Inc. 23a. Parl Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. 299 Frederick Rd. Baltimore, MD 21228 Approximate Interval Between Onsat and Death **Physician** /Medical Immediata Cause (Finel disaasa or condition rasulting in daath) PNEUMONIA, ASPIRATION Examiner Dua to (or as a consequence of): Physician/Medical Examiner 10 DAYS CEREBRAL VASCULAR ACCIDENT attending physician and for use as the burial-transit The law requires that the death certificata be executed Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Cause (Disease or Injury that Initioted evants rasulting in death) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Dua to (or as a consequence of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yas 2 ☐ No 3 ☐ Probably 4 ☐ Unknown DEMENTIA MULTINFARCT þ 24b. Ware autopsy findings available prior to completion of cause of daath? 24a. Was en autopsy performed? 1 Yas 22 C No 1 ☐ Yas 2 ☐ No 25. Was casa rafarred to medical axaminar? Be 26. Placa of Death (Check only ona) Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 2 1□ Yas PNo Other: 4MNursing Homa 5 Residence 6 Other (Specify) 28a. Data of tnjury (Month, Day Year) 27. Mannar of Death 28d. Dascribe how injury occurred 28c. tnjury at Work? 1 Natural 5 Panding invastigation death. 1 Yas 2 No 2 Accident Betor: 6 Could not be 3 ☐ Suicida 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida b Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination end/or invastigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) D09086 Nountimbo mo FEBRUARY 20, 1997 30. Nama and address of person who completed causa of death (Itam 23a) (Type, Print)

Registrar

31. Date filled (Month, Day, Year) FEB 2 1 1997

ANDREW

32. Registrar's Signatura hia Javidson

125 N. MAIN ST.

NOWAKOWSKI

BEZAIR, MD 21014

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Items: 9,13,17 per F.H. G-745 3/10/97 reb Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Death **Physician** Month Voor RIVELLE LUCY 20 1997 4c. County of Death /Medical FEBRUARY 9:58 am 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death Examiner THE JOHNS HOPKINS HOSPITAL N/A BALTIMORE CITY
If Undar 24 Hrs. 8. Date of 5. Social Security Number If Under 1 Year 8. Date of Birth (Month, Day, Year) 9. Birthplace (State or Foreign Country) CULUMBIA APR 7, 1929 South America 7. Age (In yrs. last birthday) **Funerai** 1□M 2X F Months Days Hours Yrs. 67 Director 567-54-7964 Usual Residence of Decedent death with the Maryland 10a State 10b. County r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 10c. City, Town or Location 10d. Inside City Limits Maryland Montgomery Germantown 1 Yas 2 No Funeral Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20874 18003 Cloppers Mill Terrace, Apt.G USA 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes ≥ QNo If Yes, Give Year or Dates: Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after 1 Navar Married 2 Married 21215-0020 XIX Yes 25 No Specify: COLUMBIAN þ Specify: White 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) al Hygiene. Elamantary/Secondary (0-12) College (1-4or 5+) Administrative Assistant Federal Government Baltimore, Maryland 17. Father's Name (First, Middle, Last) permit. Pages 1 and 2 should be fils.
Department of Health and Mental Hy
important: If Item 27 is marked other
any injury or other traumetic event 18. Mother's Name (First, Middle, Maidan Surname) Be 2 Louis Carlos Castro Anita Gomez 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code), MD 19a. Informant's Name/Relationship (Type, Print) Gary James Rivelle/Husband 18003 Cloppers Mill Terrace, Apt. G 20b. Place of Disposition (Name of cemetery, crematory or othar place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory, Inc. 2/21/97 Baltimore, MD wre of Funeral Service LicenseDawn F. McDonald Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 21228 23a. Part1. Enter the disaase, or complications that caused the death. Do not enter the moda of dylng, auch as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each lina. Approximata Interval Between Onset and Death **Physician** /Medical ASTROCYTOMA Immediate Cause (Final ANAPLASTIC 6 months disease or condition resulting in death) Examiner Due to (or as a consequenca of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760. physician 2 Physician/Medicai Due to (or as a consequence of): The law requires that the death P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? heart failure signed by 1 Yes 2 No 3 Probably 4 Unknown Records, þ Completed 24b. Were autopsy findings available prior to completion of cause of death? pulmonary embolism 2/13/97 24a. Was an autopsy performed? 1 Yes 2 No Vital Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Homa 5 Residenca 8 Other (Specify) 2 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA of o 27. Magner of Death 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? Division 1 Natural 2 Accident 5 Pending Investigation 1 Yes 2 No 6 Could not be determined 3 Suicida 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 8 within 24 hours To the Funeral C complately lifed edicai Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) 29a. Certifier (Check only one) 29b. Signatura and title of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year)

Johns Hopkins Hospital

WIDNELL Baltimore,

Registrar

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on who completed cause of death (Item 23a) (Type, Print)

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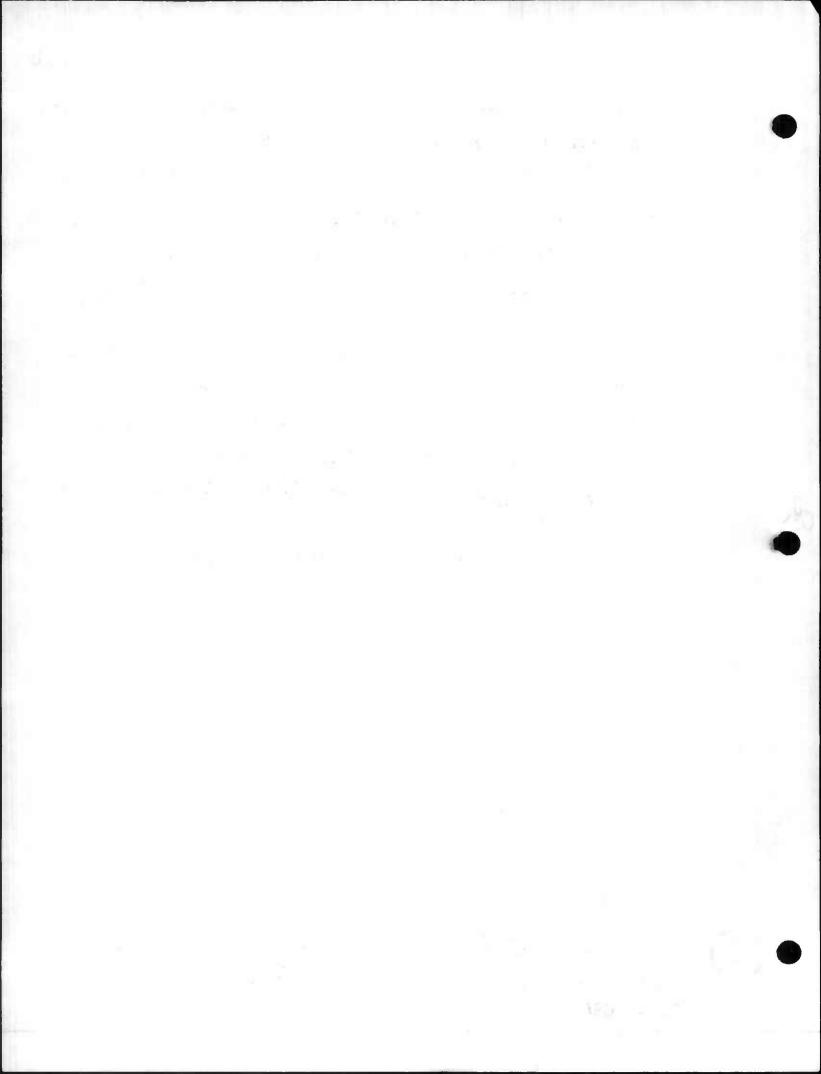
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items her m	Funeral	11. Marital Status	12. Was Decedent Eve Armed Forces?	rin U,S. 13. V	Vas Decedent of Yes, specify C	of Hispanic Origin? (Suban, Mexican, Puer	specify Yes or No- to Rican, etc.)		ca - American li	ndian,
or item	by F	1 Never Married 2 Married 3 Widowed 4 XDivorced	1 ☐ Yes 2 No If Yes, Give		□ Yes 201			Specif	v:	
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hysician		shock, or heart failure. List only o	ne cause on each fine.						Inte	ervel Between set end Death
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g physician end es the burial-transit	Examiner	Sequentially list conditions,	b. ————————————————————————————————————	to (or es e consequ	uence of):					
lan e		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury								
hysic the b	Medical	that initiated events resulting in death) Last	CDue	to (or es a consequ	uenca of):					
	Me		d						1	
or us	Physician/		d							
the e	yslc	Part II. Other significant conditions con	ntributing to death but n	ot resulting in the un	derlying cause	given In Part I.	23b. Did tol	bacco uae co	ntribute to the	cause of death?
ed by the ettendi detached for use							1 □ Ye	s 2 No	3 Probabiy	4 Unknow
signed be det	d by								0.45 144	None Port
been si	Completed						24a. Wes an	ed?	availab	utopsy findings le prior to ition of cause
has 3e 2	d d								of death	n?
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this certificate ral director, pag	Be	25. Was case referred to medical exeminer?	Hospital:			Whom a	ath (Check only one			
ai di	2	1 ☐ Yes 2 2 No 27. Manner of Death	1 Inpatient	2 ER/Outpatient	3LI DOA	4 Nursing H	lome 5 Resider			
or death. ector: After by the fune	틸	1 Natural 5 ☐ Pending	28a. Dete of Injury (Month, Dey Ye	er) 28b. Time of Injury	28c. In V M 1	Vork? □ Yes 2 □ No	28d. Describe hor	w injury occur	red	
ofter death. Director: After this in by the funeral	fica	3 Suicide 6 Could not be	28e. Placa of Injury	At home form etro	- 121		28f. Location (Str.	pet and Numb	er or Purel Po	ute Mumber
ofter Dire d in b	Certification:	4 ☐ Homicide determined	building, etc. (S	Specity)	et, factory, onic	.0	City or Town,	State)	er or nurer no	ute rumber,
· 中 本 · ·		29a. Certifier 12 Certifying Physic (Check only 2 Medical Exam)	alcian: To the best of m ner: On the basis of exa	y knowledge, death	occurred et the	time, date and plece	, and due to the ca	use(s) and ma	anner as stated	l.
4 hours	Ö	- Involven Exami	and manner stated	,						cause(S)
the Fundament	Medical	010)	- Al							
Fund Thomas	Medica	29b. Signature and title of certifier	2/1			nse number			d (Month, Dey,	
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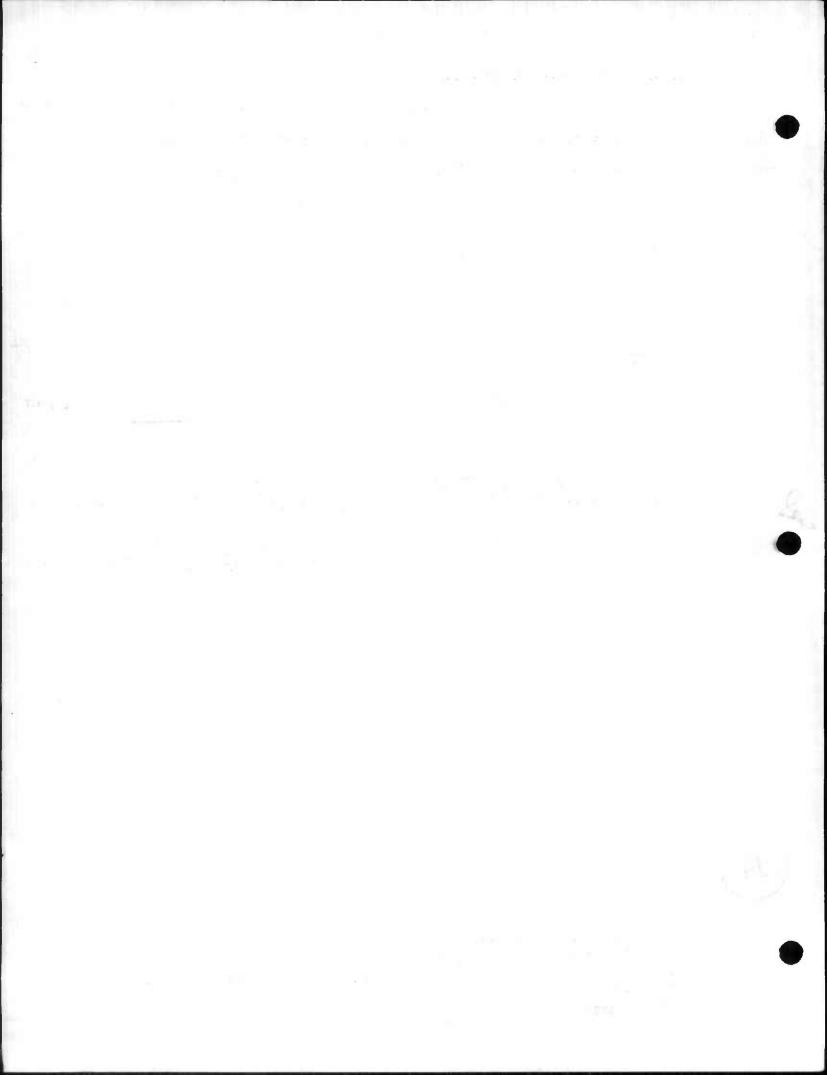
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	Physic /Medi		Lilton	Simm	ons	•					FEBRUA	RY 17,	1997	6:58P
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	Funerai	П		. Sax	7	rs. last birthda		r 1 Year	If Under	24 Hrs.	8. Date of B (Month, D		9. Births	oleca (Stata or Fore
8	Director		230 - 14 - 8462 Usual Rasidance of Dacedent	1 M ₂ 2 □ F		73 Yrs.	Months	Days	Hours	Min.		4,1924	Cour	ntry)
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0	end Fis m		19a. Informant's Name/Ralationship									bar, Cify or Town		
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Daithinole,	Dennit. Trages i e Department of Hee Important: if item any injury or othe once.		20a. Mathod of Disposition 1 ☑ Surial 2 ☐ Cremetion 3 4 ☐ Donation 5 ☐ Other (Spe		n Stata	o. Pleca of Dis cama <i>tery</i> , c	ramatory or			A CE	Date M . 2 - 2	20c. Location 4 OWIN		ILLS, MD
	Departm Importa any inju		21. Signature of Funaral Sarvice Lic	ensaa			22. Name a	nd Addra	ass of Facili	ty				
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	hysician		shock, or heert feilura. List or	y ona ceusa on	eech line.								i i	Intarvel Batween Onset end Death
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	bet ached	ysic	Part II. Other significant conditions	contributing to	death but not r	asulting in tha	undarlying	causa gi	van in Part I	l.	23b. Did	tobacco uae co	ontributa to	o the cause of dea
• 3	igned by the atter										1	Yes 2 No	3 Pro	bably 4 Unkn
3	een signed b	d by									040 14/0		Touch W	ere eutopsy finding
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The state of the s	this certificete	Be	25. Was casa raferrad to medical exeminar?							a of Deat	h (Check only	one)		
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			27. Mannar of Death 1. Solution 5 Pending	28a. Data	a of Injury onth, Day Year)	28b. Time Injury	of	28c. Inju Wo	ry at		28d. Dascribe	how injury occu	rred	
	death. ctor: After y the funer	atic	1-Envetural 5 Pending 2 Accident Invastigat		min, Day Tour,	Hijary	М		Yas 2	No				
	after deati Director: I in by the	Certification:	3 ☐ Suicida 6 ☐ Could not datarmine	289. Pled	ca of Injury - At	homa, farm,	streat, factor	y, offica					ber or Rura	al Routa Number,
	Direct of in b	en	4 Hollicide	build	ding, atc. (Spe	city)					City or 10	iwn, State)		
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1	2 40 E	Med	Grie)	and ma	nner stated.									
-			29b. Signatura and talk of certifier	1 4/	+		29	c. Licans	sa number			29d. Data sign		
1	-		Paul +). Her	uer.	MI)		N	747	6		tebruar	y 17	, 1997
71	(-)	9	30. Name end address of parson wh	o completed cau		am 23a) (Typ	e, Print)		,	1				, 1997
,	_		Yaul S. Hester	MD	3114A	Parlei	ngton	AV	e .	BaH	fimore	, MD Z	1215	
	Sta	ite	31. Data filad (Month, Day, Year)	9 1. 32	Registrar's Sign	mature of	1							
	Registr	ar	FEB 21 1997	//	Tason-1									



State of Maryland / Department of Health and Mental Hygiene

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			ITEM#19b PER F.H. 2-21		Contific	ate of Death	Reg.	01	00000
	Physic	ian	Decedent's Neme (First, Middle, Last					Dey Yeer	3. Time of Deeth
J	/Medi	cal	BERNIE JA 4e. Fecility Neme (If not institution, give		SCHOOFIE		FEBUARY r Location of Deeth	19 1997	11:54
7	Exami	ner		ONAL MEDICA	AL CENTE		and the state of t	4c. County of Death WICOMICO	
	Funeral Director		5. Sociel Security Number 6. St 213 - 18 - 5157 1.			nder 1 Year If Under 24 Hr	s. 8 Dete of Birth		place (Stete or Foreign
	e Marylend	ctor	Usuel Residence of Decedent 10a. State 10b. County 10 C 0 1	nico 100.0	Salis	ownv			10d. Inside City Limits
	ath with th 23e or 28 wet be no	Funeral Director	10e. Street end Number SWA	n Road	10f.	21801	109	Citizen of Whet Cou	States
020	72 hours efter death with the Marylend natural; or items 23s or 28s-f show dest Examiner must be notified at	þ	11. Maritai Stetus 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Was Decedent Ever in I Armed Forces? 1 ☐ Yes 2 No If Yes, Give Year or Dates:		cedent of Hispenic Origin? (specify Cuben, Mexican, Pue \$ 2 No Specify:	Specify Yes or No- rto Rican, etc.)	14. Race - Ameri Bleck, White Specify: B	
21215-0020	d within giene. r than	Completed	15. Decedent's Ed (Specify only highest green Elementery/Specondery (0-12)	ucetion de completed) College (1-4or 5+)	16a. Decedent's U (Give kind of life. DO NO	Jsuel Occupation work done during most of with T use retired)	orking 16t	Extili-	er Plai
Maryland	should be filed and Mental Hygic marked other umatic event, the	To Be C	17. Fether's Name (First, Middle, Last) Stew Curt	Dale		Hes	ame (First, Middle, Main	ivens	
	s 1 and 2 of Health e item 27 is		19a, Informent's Name/Reletionship /7 20e. Method of Disposition	eH/Daught	19b. Melling Addi	ress (Street and Number or F SQUITE Name of or other place)	Drive,	ity or Town, State, Zi	10 2/80
Baltimore,	nit. Pag entment ortant: It Injury o		12 Signeture of Funeral Service Ligan:	demover from State	naley (emetery 0 end Address of Facility	2/24/97	Pocom	oke, MD
00	Dep June Suny Suny Suny Suny Suny Suny Suny Suny		· Calum Z.	Villand	270	Fredhilt	m Pass	Balto. N	10 2/229
),	Physician /Medical Examiner	Examiner	23e. Pert1. Enter the disease, or compshock, or heart feilure. List only of the transfer of th	· felmoren	or es e consequence	entrelan de	e of Dry	Ver The	trilérvel Between Onset and Deeth
68760,	ifficete be executed g physician end as the bunal-transit		Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events	c	or es e consequence				
Box 68	E 0 6	an/Medical	resulting In deeth) Lest	d.	or es e consequence	ot):			
P.O.	that the ed by th detache	by Physician/M	Pert II. Other significant conditions co	ntributing to death but not res	sulting in the underlylr	g cause given in Pert I.		2 No 3 Pro	o the cause of death
Records,	e law requir has been s je 2 should	Completed b					24e. Wes en el performed	1?	fere eutopsy findings yeileble prior to empletion of cause deeth?
Vita	ician: The li certificate ha rector, page		25. Wes case referred to medical			00 Plant (P	1 Yes	2□ No 1	Yes 2□ No
<u> </u>		To Be	exeminer?	Hospitel: 1 ☐ Inpatient 2 5	ER/Outpatient 3□	Other	eeth (Check only one) Home 5 Residence	6 ∏Other (Speci	fv)
sion of	anding Physical Attention		27. Menner of Deeth Natural 5 Pending Calcident investigation	28e. Dete of Injury (Month, Dey Year)	28b. Time of tnjury	28c. Injury et Work?	28d. Describe how I		,,,
Divisi	A Supplement	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury - At h building, etc. (Speci	(y)		City or Town, S		
-	the Hosphin 24 to the Fun hpletely	Medical	one) 2 X Medical Exam	stcian: To the best of my kno ner: On the basis of exemine and menner steted.	etion end/or investiget	ed et the time, dete end plection, in my opinion, deeth occ	e, end due to the ceuse urred et the time, date	e(s) and menner as s end plece, end due t	stated. o the ceuse(s)
	To the within 7 To the comple	M	29b. Signeture end title of certifier	M. Kia	7400	O.C.M.E.		Date signed (Month, BUARY 2)	
	Sta	te	30. Name and eddress of person who of the state of the st	141	Penn Sti	reet, Balti	more, Mar	yland 21	1201



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						Cert	ificate o	f Death	Re	g. No.	, ,	00	100
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	Physic /		Thomas Joseph		SOET	HE			Februar	v 21.	Year L997	3:30	A.M.
	/Medi Examii		4a. Facility Name (If not institution, giv		DOLL	1111		4b. City, Town, or I		4c. County		F	
			Franklin Square	Hospital	Cantar			Rosedale		Baltin	nore		
-	Funeral		5. Sociel Security Number 6. S		e (in yrs. last		If Under 1 Yas		8. Dete of Birth		9. Birtho	lace (Stete	e or Foreign
	Director		170 10 1133	XM 2□F	81	Yrs.	Months Dey	s Hours Min.	8. Dete of Birth (Month, Dey, Aug. 4,	915	Mary.	land	
	pue *		Usuet Residence of Decedent 10a. Stete 10b. County		10c. City, To	own or Loca	ation				1	Od Incido	City Limits
	sho	ò	Maryland Baltimor				4,1011] '		es 2 No
	the Marylan 28a-f show notified at	ect		е	ES	ssex	401 71 0 1						X
	23a or	Funeral Director	10e. Street and Number 5 Cardinal Road				10f. Zip Coda	1221	10	og. Citizen of V US		try?	
21215-0020	within 72 hours efter death with the Maryland iene. than "naturel", or items 23a or 28a-f show the Madical Examinet must be notified at	þ	11. Marital Stetus 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. Was Decedent I Armed Forces? 1 Yes 2 N If Yes, Give Yeer or Datas:	10	lf.	as Decedent or Yes, specify Cu □ Yes 2 N	Hispanic Origin? (Saban, Mexican, Puerto Specify:	pecify Yas or No- o Rican, atc.)	Bled	e - Americ ck, Whita, Whit	atc.	
2-0	72 hc	Completed	15. Decedent's Ed	lucation		6e. Decede	nt's Usuei Occ	upetion	tiles 1	6b. Kind of Be	usiness/înc	Justry	
21	hin 7	ple	(Specify only highest gra Elementery/Şecondery (0-12)	de completea) Coilega (1-4or 5	4)	life. DO	or work don O NOT usa reti	e during most of wor red)	king				
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bu	should be filed and Mental Hygi marked other imatic avent, i	Be	17. Fether's Neme (First, Middla, Last)					18. Mother's Ner	ne (First, Middle, M	fe <i>iden Sum</i> em	na)		
<u>a</u>	Alenta Alenta rked tic a	10	William Soe	the				Mar	y Broo	okman			
Maryland	d 2 should be filled within the end Mental Hygiene. 7 is marked other than traumatic avent, the M		19e. fnforment'a Neme/Retetionship (Type, Pnint)	1	9b. Meiling	Address (Stre	et end Number or Ru	ral Route Number,	City or Town,	Stete, Zip	Code)	
			Lorrayne Soethe (wife)	-	Card	dinal R	oad Esse	x. Marvla	nd 212	21		
e,			20e. Method of Disposition		20b. Piece	of Disposi	tion (Neme of story or other p	local		Oc. Location -		wn, Stete	
mo	Pages nent of H int: If ite		1 ☐ Buriei 2 🏋 Cremetion 3 ☐ 4 ☐ Ronetion 5 ☐ Other (Specif					tory 2/22	/97 F	Baltimo	re. N	Marvl	and
Baltimore,	교 된 된 등 .		21, Signature of Funerei Servine Licer		1			-			20/ 1		
B	Depa impo any is		Me 13	, oh	4			ski Funera Eastern A			land	2122	1
	Physician		23a. Part Enter tha disease, or com slood, or heart feilure. List only	plications thet caused one ceuse on each lin	the death. D	o not enter	tha moda of d	ying, such ea cardled	or respiretory arre	est,		Approxim Interval B Onset and	letween
ч	/Medicai	П	Immediate Cause (Finel disaasa or condition	e. Asys;	310						1	1	
	Examiner		resulting in deeth)		Due to (or es	A CODEOGUE	ence off:					6 Hus	-) E
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	d d ansi	Examiner	Sequentially list conditions	b. ACUTE	Due to (or es			1M (7)0				6 700	KS
ó	axe an ar nel-t	EX	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	c. PNEV.			-1.00 -1.7.				!	2	
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68	Po ph	P	resulting in deeth) Last								į		
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æ	The lev ate has page 2	Eo							1 T Va	s 2 No	10	Yes 2	□ No.
ta		0	25. Wes case referred to medical					Of Disease Day			- 10	, 103 21	
>	Physician: this certific ral director,	To B	examiner? 1 ☐ Yes 2 ☑ No	Hospitel: 1 Inpatier	ο 2ΠΕΒ#	Outpetient	2 DOA	ther:	th (Check only one		as (Canall	a	
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sion	anding eath. T: After he fune	atlor	1 Neturel 5 Pending investigation	(Month, Dey	Year)	Injury		ork? □ Yes 2 □ No					
N N	Direct	Certification:	3 Suicide 8 Could not be 4 Homicide determined	28e. Ptace of Inju- building, etc	ry - At home, . (Specify)	ferm, stree	et, fectory, offic	9	28f. Location (Str. City or Town,	eet end Numb , Stete)	er or Rura	/ Route Nu	imber,
(Horan 24 hour Funeral tely filled	edicai C	29e. Certifier 1 Certifying Ph. (Check only one) 2 Medical Exam	/sician: To the best of finer: On the basis of end manner sta	examinetion e	ge, deeth o end/or inve	occurred et the stigetion, in my	time, dete end plece opinion, deeth occu	, and due to the ca rred et the time, de	use(s) end ma te and pleca,	nner as st and due to	ated. the cause)(S)
	To the within 2 To the comple	Me	29b. Signature and title of certifier				29c. Lice	nsa number	29	d. Date signe	d (Month,	Dey, Year)	
			1.1	17 ~			0	33088	2	/2,/97	U35A		
	(X)	-	30. Nama and address of person who	pompleted and	oth /les- or) (T:=====		- 00		/7/	8 /	-	
	10							= 1 1		4 -			
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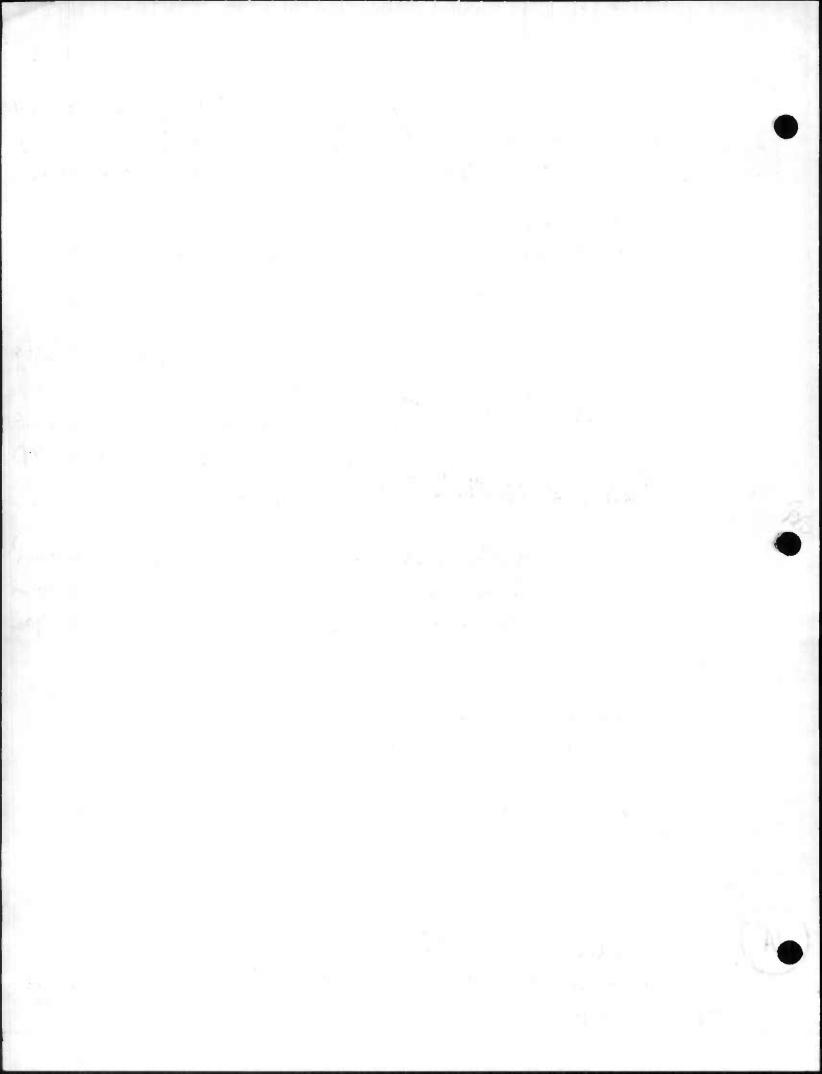


Item 1 per M.D. Film G746tates of Maryland / Department of Health and Mental Hygiene Certificate of Death Item: 1, per M.D G-744 2/21/97 reb 1. Decedent'a Name (First, Middle, Last) 2. Date of Death 3. Time of Death STREETT Month Vagr **Physician** -STREET, JR. ALLEN STRETT 14, 1997 Edgar February /Medical 9:35 pm 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Franklin Square Hospital Center Baltimore Baltimore If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) May 23,1926 Birthplace (State or Foreign Country) **Funeral** Months Daya Hours 1 ☑ M 2 ☐ F Yrs 220-18-5997 70 Director Pennsylvania Usuel Residence of Decedent the Manylend 10a. Stete 10b. County 10c. City, Town or Location tem 27 le marked other than "natural", or items 23a or 28a-f ehow other treumatic event, the Madical Examiner musit te notified at 10d. Inside City Limits Baltimore 1 Yas 2 No Director Maryland Baltimore 10e. Street end Number 10f. Zin Code 10g. Citizen of Whet Country? 4113 Cliffvale Road 21236 U.S.A. death Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 11. Marital Stetus Wes Decadent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, permit. Peges 1 and 2 should be filed within 72 hours after begannent of Heelih and Mentel Hygiene. Important: if item 27 is marked other than "natural", or iter any injury or other treumatic event, the Medical Examinations. Black. White, etc. 1 ☐ Never Merried 2 Merried 1 X Yes 2 □ No If Yes, Give Saltimore, Maryland 21215-0020 1 ☐ Yes 2 X No f Yes, Give Yeer or Detes: WW II Specify White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Telephone Installer Telephone Company 12th grade 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be Edgar Allen Streett, Sr. Jane Elizabeth Campbell 2 19e. Informent's Name/Relationship (Type, Pnint) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Dolores Streett 4113 Cliffvale Rd., Baltimore, MD (wife) 20b. Place of Disposition (Neme of cametery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete Date 1X Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Bel Air Memorial Gardens 2/17/97 Bel Air, Maryland 21. Signature of Funeral Service Lipenson 22. Name and Address of Facility Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician /Medical tmmediate Cause (Final disease or condition resulting in deeth) Examiner Examiner physician end the burial-transit The law requires that the death certificete be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es a contequence of) Box 68760, Physician/Medical Due to (or es e consequence of): 88 for use as OSO Division of Vital Records, P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 100 signed by ti 1 Yes 2 No 3 Probably 4 Unknown à been si 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed page 2 s 1 TYPS 2 No cartificate or Attending Physician: director Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No P 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28d. Describe how Injury occurred Certification: 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? After 1 Natural 5 Pending o the Hospital or Attendir thin 24 hours efter death. The Funeral Director: At impletely filled in by the fu death. 1 Yes 2 No 2 Accident Investigation 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, atreet, factory, offica building, etc. (Specify) 4 Homleide 10 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, dete and place, and due to the cause(s) end manner stated. 29a. Cartifier Medical (Check only one) To the I within 2 å 29b. Signature end title of certifier Tot 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Panayiotis Baltatzis M.D. 1232 Race Road Rosedale Maryland 21237 31. Date filed (Month, Day, Year) State FEB 21 1997 Registrar

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State of Maryland / Department of Health and Mental Hygiene 97 05 1 02

-12			Ce	ertificate of Death	Reg. No.	
	Physic /Medi		1. Decedent's Name (First, Middle, Last) CHARLES STU	P615	2. Date of Death Month 26. Day 8 47	3. Tima of Death
	Examin Funeral Director		4a. Facility Name (If not Institution, give street and number) 4a. Facility Name (If not Institution, give street and number) 5. Social Security Number 6. Sex 12 M 2 F 7. Age (In yrs. last birthda) 12 Yrs. Usual Residence of Decedent	WEST 4b. City, Town, or Lo BALTIMONS CT BUNDAS CT Wonths Days Hours Min.	ALTIMONE Balti	more City place (State or Foreign intrify land
	a Maryland	ctor	MD Baytimore City Bo	Location		10d. Inside City Limits 1 Yes 2 □ No
	s 23e or 20	eral Director		10f. Zip Code 21217	10g. Citizen of What Cou	States
5-0020	hours after de ural', or Item	d by Funeral	3 ☐ Widowed 4 ☐ Divorced If Yas, Give Year or Dates:	 Was Decedent of Hispanic Origin? (Spe if Yes, specify Cuban, Maxican, Puerto I 1 Yas 2 No Specify: 	Specify: B	ack
21215-	s 1 and 2 should be filed within 72 hours after death with the Maryland Health and Mental Hygiene. Health and Mental Hygiene. Item 27 is marked other than "natural", or items 28a or 28a-1 show other traumatic event, the Medical Examiner must be notified at	Completed	15. Decedant's Education (Specify only highast grade completed) Elamantary Secondary (0-12) Collega (1-4or 5+)	Stock Clerk	Liquor	Distribution
Maryland	hould be fill d Mental H merked oth matic even	To Be	17. Father's Name (First, Middle, Last).	Kose	(First, Middle, Maidan Shinama)	in Control
e, N	of Health of Health fitem 27 or other tr		Rebecca Murphy/NIECE 304 20a, Method of Disposition 20b, Place of Disp	iling Addrass (Street and Number or Rura E. Whitringe position (Name of pmatory or other place)	AVENUE BOLTO Date 20c. Location - City or T	,MD21218
Baltimor	permit. Pag Department Important: I any injury o		4 Donation 5 Other (Specify) 21. Signature of Funeral Service Licensee	CMOTIO FULL 92 22. Name and Address of Facility COLVENTION	15 Funeral Service Pass Palto Mi	1570WN, ML 3e 21229
	Physician	6	23a. Part 1. Enter tha disaase, or complications that caused the death. Do not en shock, or haart failure. List only one cause on each line.	nter the mode of dying, such as cardiac o		Approximate Interval Batween Onset and Death
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P.O. B	0 0 2	Physician	Part II. Other significant conditions contributing to death but not resulting in the		23b. Did tobacco use contribute	. /
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Vital F		Be Col	25. Was cesa raferred to medicel axaminer?	26. Placa of Death		Yes 2 No
of	Phys this rai di	2	1 ☐ Yas 2 ☐ No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatie	of 28c. Injury at 2	me 5 ☐ Residence 6 ☐ Other (Speci 28d. Dascribe how Injury occurred	ify)
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_	Funeral Funeral Colors (edical	29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledga, daa 2 Medical Examiner: On the basis of examination and/or is and mannar stated.	ith occurred at the time, data and place, a investigation, in my opinion, death occurre	and due to tha causa(s) and manner as ed at the time, data and place, and due	stated. to the causa(s)
V		Me	29b. Signatura and titla of cartifier	29c. Licansa number	29d. Date signed (Month	Day, Year)
	Sta	ıte	30. Name and address bloerson who completed causa of daath (Itam 23a) (Type AM A LDO) 31. Date filed (Month, Day, Year) 32. Registrar's Signature	JR. MM. 300	n se cour Hospito	Seltum Myl
	Registr		FEB 21 1997 The Mavidson-Randall			



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month 7:45am 97 18 SHAW FLORENCE /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** OCEAN CITY
If Under 24 Hrs. 8. D 14203 COASTAL HIGHWAY WORCESTER If Under 1 Year 8. Date of Birth 7. Age (In yrs. lest birthday) 9. Birthpiace (State or Foreign **Funeral** Deys Hours April 22, 1914 1 □ M 2 🔀 F Virginia 217-01-4240 Yrs. Director 82 Usual Rasidence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits Examiner must be notified at Md. Ocean City Worester 1 Yes 21 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 6 21842 USA 14203 Coastal Highway items 23a death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: Was Decedent of Hispenic Origin? (Specify Yea or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 11. Maritai Status filed within 72 hours after 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 ☑ No Specify: þ Specify: 3X Widowed 4 ☐ Divorced White Completed traumatic event, the Medical 15. Decedent's Education (Specify only highest grade completed) 18a. Decedent's Usuai Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use ratired) nd Mental Hygiena. marked other than Elemantary/Secondery (0-12) College (1-4or 5+) own home Homemaker 12th permit. Peges 1 and 2 should be file Department of Haaith end Mental Hy, Important: If Item 27 is marked othe any Injury or other traumatic event, once. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Be William Robinson unknown 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 14203 Coastal Highway Ocean City Md. 21842 19e. Informent's Neme/Reietlonship (Type, Print) Barbara Peregoy/daughter 20b. Place of Disposition (Name of cemetery, cremetory or other place)
Parkwood Cemetery 20e. Method of Disposition 20c. Location - City or Town, State Burial 2 Cremetion 3 Removal from Stete 2/21/97 Baltimore Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility
Connelly Funeral Home of Essex 300 Mace Ave. Baltimore MD. 21221 23a. Part1. Enter the diseese, or compleshock, or heert feilure. List only not enter the mode of dying, such as cardiec or respiratory arrest, Intervel Between **Physician** /Medical immediete Cause (Finei disease or condition resulting in deeth) Examiner Physician/Medical Examiner or Attending Physician: The law requires that the death certificate be executed the burial-transit Sequentially list conditions, if any, leeding to immediate ceusa. Enter Undarlying Cause (Diseese or injury that initiated events resulting in death) Lest P.O. Box 68760. Due to (or as a consequence of): USB as signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying ceusa givan in Pert i. 23b. Did tobacco use contribute to the causs of death? 1 Yes 20 No 3 Probably 4 ☐ Unknown Division of Vital Records. þ 24b. Were autopsy findings evalleble prior to completion of cause of death? director, page 2 should Be Completed 24e. Wes an autopsy performed? certificate 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medice 28. Place of Death (Check only one) Hospitei: 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No this in by the funeral 27. Menner of Deeth 28e. Dete of injury (Month, Dey Year) 28c. injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred After 1 Neturei 5 Pending investigation Hours after death. 1 Yes 2 No 2 ☐ Accident 3 ☐ Suicide 6 Could not be datermined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Piace of Injury - At homa, ferm, street, fectory, office building, atc. (Specify) 4 Homicide 156 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the ceuse(s) and mennar as stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and mennar stated. 29e. Certifian Medical (Check only one) 29b. Signature and 29c. License number 29d. Dete signed (Month, Day, Year) end addr 31. Date filed (Month, Dey, Year) FEB 2 1 1997 State

DHMH 16 Rev 6/95

Registrar

State of Maryland / Department of Health and Mental Hygiene 05/04 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3 Time of Death Month **Physician** LLIAM SCHMIDT 10:52 Fm Feb /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 5. Sociel Security Number 6. Sex HOSPITAL

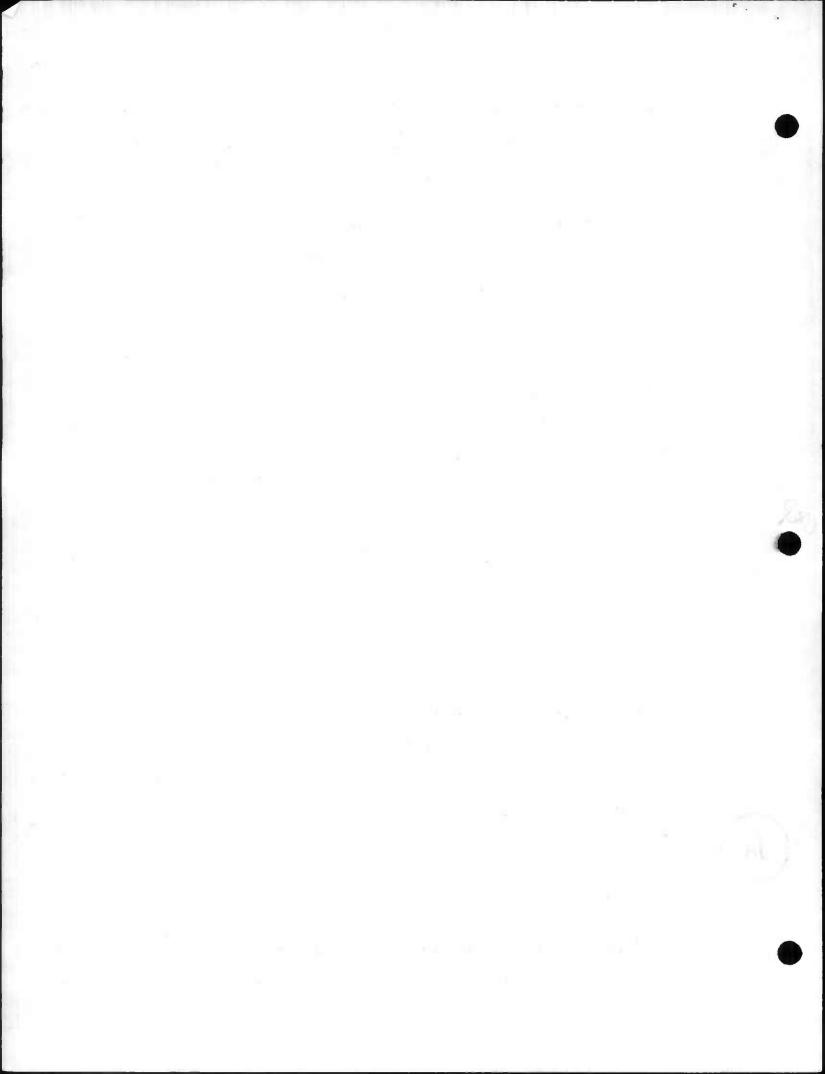
7. Age (In yrs. last birthday) BALTI MORE If Under 24 Hrs. 8. Date of NIA If Under 1 Year Birthplace (State or Foreign Country) **Funeral** 10 M 20 F Months Deys Hours Min 212-01-2893 Usual Residence of Decedent Yrs. Director the Maryland 10a. State 10b County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be nothed at 1 Yes 2 No Director N Bactimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò death with 5703 or Herris 23a FAIR AKS 21214 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispanic Orlgin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indien, Black, White, etc. 11. Marital Stetus filed within 72 hours efter 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced WHITE 'natural', Be Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 15. Decedent's Education (Spacify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elamantary/Secondary (0-12) Collaga (1-4or 5+) ENGINEER MARTINS AIRPORT NIA 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) permit. Pages 1 and 2 should be Depenment of Health and Mental Important: If Item 27 is marked or any Injury or other traumatic eve 2 WILLIAM J. SCHMIDT WUNTZ 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number or Rural Route Number, City or Town, State, Zip Coda) MRS. HELEN 5703 FAIR OAKS AVE BALTO, MD. 21214 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ⊠Burial 2 □ Cremation 3 □ Removal from State MEADOWRIDGE CEMETRAY 4 ☐ Donation 5 ☐ Other (Specify) 2-21 BALTO, MD. 22. Name and Address of Facility
HARTLEY MITTER FUNERAL HOME 21. Signature of Funeral Service License HARTLEY MITTER 234. Part Enter the diseasa, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest or heart failure. List only one causa on each line. Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final 79strointe sting disease or condition rasulting in death) Examiner Due to (or as a consequence of): Examiner The law requires that the death certificate be executed buriel-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as e consequence of) P.O. Box 68760, Physician/Medical the Due to (or as a consequence of) USB BS Part II. Other aignificant conditions contributing to death but not resulting in the undarlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? pylmonary disease Obstructive 1 Yee 2 No 3 Probably 4 Unknown Records, Completed 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? Cerebrovascular complation of cause of death? page 2 s certificate has 1 Yas 2 No 1 ☐ Yes 2 No Vital clan: 25. Was cese refarred to medical examiner? Be 26. Placa of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 10 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred ision 5 Pending Investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Piace of Injury - At home, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicida within 24 hours
To the Funeral
completely filled 15 Certifying Physician: To the best of my knowladge, daath occurred at tha time, date and place, and due to tha cause(s) and manner as statad.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a, Cartifian (Check only one) # 29b. Signeture end title of certifier 29c. License number 29d. Data signed (Month, Day, Year) MOHAMED KIHARFAN DABATA, MD. 30. Nama and address of person who complated causa of daath (Item 23a) (Typa, Print) 5601 LOCH RAVEN BIVD. BALTO, MD 21239 MOHAMED KHARFAN DABAJA

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DHMH 16 Rev 6/95

Registrar

31. Data filed (Month, Day, Year) FEB 2 1 1997



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П	Physic	ian	Lyle G. Sh	-					Month	Day	/ Ye	er nec	COAM
N	/Medi Exami		4a. Facility Nama (If not institution, g.)			4b. City, Town, or		.5/97 eth 4c.	County of D		UURN
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	Funeral Director			Sax 7. A	ga (In yrs. li	ast birthda Yrs.	Months D		8. Date of	Birth Dey, Year) /191	9.	imore Birthplaca (S Country) WV	teta or Foreig
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	a-f show	ctor	Md Balti	more		tons	ville						de City Limit
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21215-0020	filed within 72 hours after death with the Maryland Hyglene. ther than "natural", or flems 23a or 28a-f show ont, the Medical Examinat must be notified at	Be Completed by Funeral Director	11. Marital Status 1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Armed Forces 1 ☑ Yes 2 ☐ If Yea, Giva Yeer or Detes:	?	5. 1	3. Was Decedent if Yes, specify 1 Yes 2	of Hispanic Origin? (S Cuban, Maxican, Puer No Specify:	Specify Yas or rto Rican, atc.)	No-		Amarican indi Whita, atc. White	
5-(n 72 hours "natural", edical Exp	etec	15. Decedent's E (Specify only highest g	ducation rada completed)		16a. Dec (Gi	cedent's Usuai O	ccupation ona during most of wo stired)	orking	16b. Kind of Businass/Industry			
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Baltimore,	permit. Pages 1 and 2 Department of Heelth s Important: If Item 27 is eny injury or other tra page.	Miles	1 Buriel 2 Cremetion 3 I 4 Donetion 5 Other (Spec 21. Signature of Funerel Service Unit	ingio	Che	esap	22. Nama and A Sterlin	rematory ddrass of Facility ng Ashtor nondson A	r Fune	ral	Home,	Inc.	21228
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Medical Certi 29a. Certifier (Check only one) 29b. Signatura and title of certifiar

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the cause(s) and mannar as stated.

2 Medical Examinar: On the basis of examination and/or investigetion, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) end menner stated.

29c. Licansa number

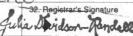
29d. Data signed (Month, Day, Year)

21208

person who completed cause of deeth (Item 23e) (Type, Print)

7220 Park Heights Ave. Balto. MD.

State Registrar



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Type or Print in Black Indelible Ink. Assure A State of Maryland / Department of Health and Certificate of Death	Mental Hygi	ene	-	05106
ist)	2. Date of Deeth	g. No.		3. Time of Deeth
Summer	Month O 2	Day	Yaar 97	9:19pm

4b. City, Town, or Location of Death

4c. County of Death

Physiclan /Medical Examiner 1. Decedent's Name (First, Middle, Last)

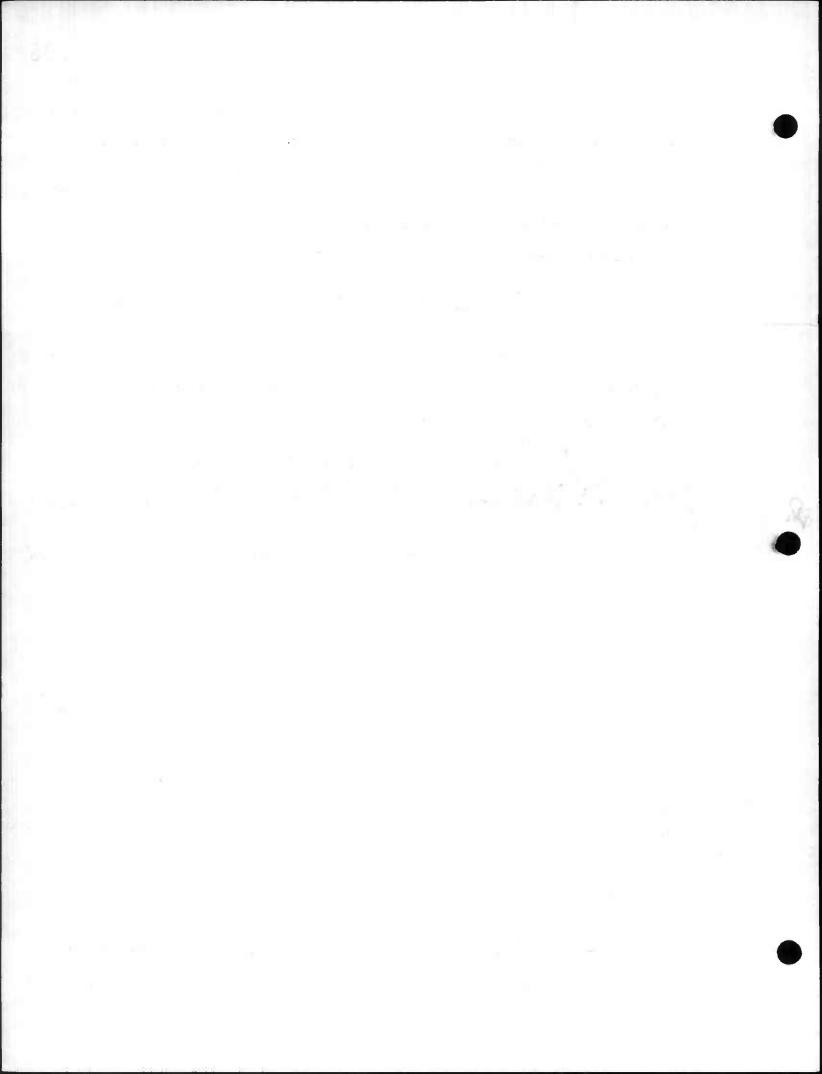
Leonard

4a. Facility Nama (If not institution, giva street and number)

			Holy Cross Hos	spital					Silve	r S	pring	Mont	gon	nery
Funer	al		Social Security Number 6. 8	Sax IMIM 2□ F	7. Age (In yrs		Month	ar 1 Year Days		Hrs. 8	B. Date of B	Pav. Year)	9. Bi	rthplace (State or Foreign ountry)
Directo	OF .	1	121 01 9/15	M ZUF		87 Yrs					Jan 1	LO 1910) Pc	land
pur *		+	Usual Residence of Decedent 10a. State 10b. County		100.0	ity, Town o	z Location	-						10d Inside Ohy Limite
sho sho		5	2.01											10d. Inside City Limits XXYes 2□ No
the N		Directo	Maryland Montgo	omery	S	llver	Spr							
with a or							101. 2	ip Code				10g. Citizen of		ountry?
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ter d herr		runeral	11. Marital Status 1 ☐ Never Married 2 ☐ Married	Armed F	orces?	J,3.	If Yes, sp	ecity Cub	dispanic Origir an, Mexican, F	Puerto Ri	ican, etc.)		ack, Whi	erican tndlan, ite, etc.
and 21215-0020 be filed within 72 hours after death with the Maryland tall hygiene. d other than "natural", or items 23a or 28a-f show event, ine Medical Examinat practice notified at		2	3 Widowed 4 Divorced	Year or L	2 □ No ive Dates: WW	II	1 🗆 Yes	₹ [\{\o	Specify:			Speci	ify:	White
15- 721		lete	15. Decedent's E (Specify only highest gr)	(G	ecedent's Us	<i>rork d</i> one	durina most o	f working	7	16b. Kind of I	3usiness	s/Industry
d 2121 filed within Hygiene. ther than		Completed	Elementery/Secondary (0-12)		(1-4or 5+)		e. DO NOT		a)			77.C D-		. 0551
H Hygi			17. Father's Nama (First, Middle, Last	5+		EX	amin	er	18 Mother's	Name /	First Middl	e, <i>Maid</i> en Suma	B-100 - 100 - 1	t Office_
Maryland d 2 should be file h and Mental Hy 7 Is marked othe traumatic event.		0 0	Solomon Summer						Meru			Jnknown		
laryial	F	0	19a. Informant's Name/Relationship (Type Print)		19h M	eilina Addre	es (Straal				ber, City or Town		Zin Coda)
E - N -			Edith Summer				_		m 10a	-	NODIO IVUIII	oor, Only or 10w	i, Siale,	21p C000)
0 0 0 .			20a. Method of Disposition ↑ Burial 2 ☐ Cremation ↑3 ☐	B moval from		Ptace of Di cemetery, o	sposition (Notemetory of	ame of other pla	ce)		Date	20c. Location	- City or	r Town, State
Peges ment of ant: If its ury or o			4 □ Donation 5 □ Other (Specif	y Sillowall John		idean	Mem	oria	1 Gdn	s 2,	/18	Olney		
W Eggz	#	1	21. Signature of Funeral Solvina Licer	500			22. Name	and Addre	ss of Facility	Fun	2221	Homes		22046
m 88 E 8	ä .	T	Jane 1	Sylven	Ma.								10	Church, VA
_		7	23s. Part1. Ent., the diseasa, or com- shock, or heart failure. List only	plications that	caused the dea	th. Do not							. 1.0	Approximate totervat Between
Physicia		1												Onsat and Daath
/Medica	_	ľ	disease or condition		Cor	aesti	We.	Hea	rt Fo	ailu	re.			one morth
Examine			rasulting in death)	a.		/1	sequence of					-		one manak
P #	- Constitution		_	b										
BOX 68/60, sath certificate be executed attending physician and for use as the buriel-transit	18		Sequentially list conditions, if any, leading to immediate	D.	Due to (or as a con	sequence of):						
50, se ex cian a			cause. Enter Underlying Cause (Disease or injury											
68760, flicete be ex g physician as the burie	1	5	thet initieted events resulting in death) Last		Due to (or as a cons	sequence of):						
X Contification	Dhyniolen Madion		L	d										
death cert death cert e attending ed for use a	0	5												t
es that the deligned by the a	Jest	1 2	Part tl. Other significant conditions of	ontributing to d	leath but not re	sulting in the	e underlying	cause giv	en in Part I.					e to the cause of death?
igned by the	PA D										1	Yes 2 No	3 □ F	Probably 4 Unknown
											24e. We	s en autopsy	24b.	Were eutopsy findings
The law require to has been spage 2 should	Some	101									per	formed?		available prior to completion of cause
The law ate has page 2	1 8													of deeth?
VITAL I			25. Was case referred to medical									Yes 2 No		1 Yes 2 No
ysicia s certi	9		examiner?	Hospital:	In-ordinal OF	1500		Oth	28. Place of					
Physic this seel di	H	- }-	27. Manner of Death	28a. Date	Inpatient 2 C	28b. Time	-	28c. Injui Woi				how injury occu		ecity)
dlng th. After	10		1 Accident 5 ☐ Pending investigation		nth, Dey Year)	Injur	y M		nk? Yes 2 □ No					
or Attending Physician: after death. Director: After this certific in by the funerel director,	19	2	3 ☐ Suicide 6 ☐ Could not b	286. Pleca	a of Injury - At h	ome, ferm,	street, facto	ry, office		28	f. Location	(Street and Num	ber or F	lural Route Number,
5 등 등 등	Cartification.		4 Homicide	bulld	ing, etc. (Speci	(y)					City or To	wn, Stete)		
House Funer) jedilog		29e. Certifier Cartifytng Ph	niner: On the p	esis of examin	owiedge, de etion and/or	eth occurre	d at the tir	ne, dete and p	otece, en	d due to the	cause(s) end m	ienner a	s stated. e to the cause(s)
18 18	Med		one) 29b. Signature and title of certifier	and man	nner stated.						T			
F118	1		255. Signature and this di Certiner	0	10	_Α		~	a number	~ ~		29d. Date sign		
			steve	~CC	won	e 1	CIVI	D	308	98	•	02-	-17	-97
			30. Name and address of person who	completed caus	se of deeth (Ite	m 23a) (Typ	pe, Print)	0	0 4		_	00		-97 MO 20784
	*404-		31. Date filed (Month, Day, Year)		Degistrær's Sign	6104	Old	Bran	ek A	re	Ion	ypia Hil	Bo,	MO 20784
	State		and more (morning way) I wai!	Jak 17	AND DE LEGIS	will on I	7.00					V		

32 Registrar's Signature Randelle

State Registrar 31. Date fited (Month, Day, Year) FEB 21 1997



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Maryland / Department of Health and Mental Hygiene	97	05	10)
Cortificate of Dooth				

Physic /Medi Exami

Funeral Director

permit. Peges 1 end 2 should be filed within 72 hours after death with the Meryland Depertment of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23a or 28a-f ahow any Injury or other traumatic avent, I'm Medical Examine main be included at Baltimore, Maryland 21215-0020

Physician /Medical Examiner

if or Attending Physician: The law requires that the death certificate be executed thereforal.

Director: After this certificate has been signed by the extending physician end of in by the Intensel director, page 2 should be deteched for use as the buniel-transit of in by the Intensel is certificate has been signed by the ettending physician end director, page 2 should be deteched for use as the buriel-transit

Division of Vital Records, P.O. Box 68760,

_				Cei	rtifica	ate o	f Death		Re	g. No.				
ı	 Decedent's Name (First, Middle, La 	ist)							Dete of Deeth Month	Day	Year	3. Time of D	eath	
ı		Sa	rah	Small					EB		997	12:40) A	
ı	4e. Fecility Neme (If not institution, give		4b. City, Town, or			, or Location	ocation of Death		4c. County of Deeth					
Ļ	LifeSpring As:							tonsville		Baltimore				
ľ		Sex 7 1 □ M 2) (0) F	. lest birthdey)	Months De			Hrs. 8. D.	ete of Birth Month, Dey,	Year)	Birthplece (State or Foreign Country)				
-	212-10-8536		/	75 Yrs.				MA	Nonth, Day,	1921	Maryland			
Н	Usuel Residence of Decedent 10a. Stete 10b. County		ity, Town or Lo	m or Location				_		10d. Inside City I		Limite		
l	MD Ba	ltimore						. 1 1	11.			1 ☐ Yes 2 No		
-	10e. Street end Number	Catonsvil												
	2200 Pleasant Villa Avenue					21228				10g. Citizen of What Country?				
ŀ	11. Maritel Status									USA 14. Rece - American Indien.				
	1 Never Merried 2 Merried	Armed Ford	med Forces? If Yes, specify (☐ Yes 2X No			s Decedent of Hispenic Orlgin? (Specify Yes or es, specify Cuben, Mexicen, Puerto Rican, etc.)			n, etc.)		ck, White,			
	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give				2 X N	No Specify:			Specia	ite			
	15. Decedant's E		16a. Dacedant's Usuel Occupetion					1	6b. Kind of E					
	(Specify only highest gre	for 5 · \	(Give	kind of	work don use ratii	e during most of	working	ing						
	College (1-4or 5+) Sewing Machine Operator Clothi								ne Ma	nufactu	rin			
	17. Fether's Name (First, Middle, Last)						18. Mother's					- ALLEGE U		
	Benjamin	Small						Minn	nie l	Marko	witz			
	19a. Informant's Neme/Ralationship (Type, Print)		19b. Meilir	ng Addre	ess (Stree	et and Number o	r Rural Rou	uta Number,	City or Town	, State, Zip	Code)		
	Barbara J. Tho	omas / E	xecut	or 5	Wa	de A	venue	Cat	onsv	ille,	MD	21228		
-	20e. Method of Disposition			Plece of Dispo	sition (A	Veme of		De		Oc. Location				
	1 ☐ Burial 2 XCremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif		lete				Inc. 0	2/19/	97	Balt.	imor	e, MD		
Ī	21. Signeture of Therei Service Licer	1800	11.	22	. Neme	end Add	ress of Fecility					c, III		
	George E. MacNabb Cremation Society of Md., Inc. 299 Frederick Rd. Baltimore, MD 21228 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, intraval Between intraval Between													
١	Immedieta Cause (Finel										t	Onsat and Dec	etn	
	diseese or condition resulting in daeth)	e ARTE	RIOSC	SCLOROTIC CARDIOVASCU					LAR DISEASE			YEARS		
			Due to (or es e conseq	uence c	of):								
		b			- 2									
Sequentielly list conditions, if any, leeding to Immediate									į					
Cause, Disease or Injury c										1				
resulting In deeth) Lest Due to (or es e consequence of):														
Sequentielly list conditions, if eny, leeding to immediate cause. Entar Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest Due to (or es e consequence of): d. Pert II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I. 23b. Did tobacco use contribute to 1 yes 2 No 3 Prob. 24e. Was en eutopsy performed? 24e. Was en eutopsy conditions contributed and a performed?														
	Port II Other pfaultioant and district	ombrila. Alexandra - A	Alle best and	udaine din co					001 01		1			
Pert II. Other significant conditions contributing to deeth but not resulting in the undarlying cause given in								23b. Did tobacco use contribute to the cause of death?						
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								-	24e. Was en	eutopsv	24b. W	era autopsy find	lings	
perf											ev	eilebte prior to mpletion of ceus		
									. = :	. 7.5		daeth?		
1	25. Was case referred to medical				_						Yas 2□ No)		
L	examiner? 1 X Yes 2 No	Hospitel:	Hospitel: Other:							eth (Check only ona) Assisted				
	7. Manner of Death	1 L Ing		ER/Outpatien 28b. Time of	1 3∐	DUA	4 Nursing Home 5 Hesi			Idance 6X Other (Specify) Living how Injury occurred				
	1 XNatural 5 ☐ Pending 2 ☐ Accident investigation	(Month,	Dey Year)	Injury	ijury M	28c. Inj W	ork? ⊒Yas 2∐ No	200.1	and a second control injury costs in the					
	3 Suicide 6 □ Could not b	0	f fniury - At h	ome farm str					28f Location (Street and Alumber or Burni Boute Alumber				,	
	4 ☐ Homicide determined	building	28e. Place of fnjury - At home, farm, street, factory, office building, etc. (Specify)						28f. Location (Street end Number or Rural Route Number, City or Town, Stete)					
29a. Certifor 1 Certifying Physician: To the bast of my knowledge, death occurred et the time, date and plece, end due to the cause(s) end my														
	Cryck on 2 Madical Exam	nfner: On the bas end manne	Is of examina	ttion end/or Inv	estigetic	on, in my	opinion, deeth o	occurred et	ua to the cat tha time, de	use(s) end m te end plece,	end due to	eted. the cause(s)		
-	9b. Signature and the of beautier /	onu manne	stateu.		0	9c Licer	se number		20	d Dete signs	ad (Month	Day Year		

D11171

405 Frederick Rd. Balto., MD 21228

(ttam 23a) (Type, Print) Suite # 162

Williamson, II. M.D.

(av. Yaar)

(32 Polistrer's Signature 1997

(4)

February 19, 1997

State Registrar Edgar

P.

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Items: 5,8,12 per F.H G-745 State of Maryland / Department of Health and Mental Hygiene Items: 23 part I,27,28a,b,c,d,e,f per MEO G-745 Certificate of Death Reg. No.	97	05108
Items: 23 part I,27,28a,b,c,d,e,f per MEO G-745Certificate of Death	21	00100

Physician /Medical Examiner

Director

Funeral

PV

Completed

Be

2

Funeral Director

the Marylend 28a-f show item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Magical Examiner must be notified at

Hygiene. permit. Peges 1 and 2 should be flik Department of Health and Mental Hy Important: If item 27 is marked other any Injury or other traumatic event

Baltimore, Maryland 21215-0020

Box 68760

P.O.

Records,

sion of Vital

Physician /Medical Examiner

physiclan and s the burial-transit certificata be axecuted the USB as The lew requires that the death signed by the page 2 certificate iding Physician: director, funeral Affier 3

1. Decedanf's Neme (First, Middle, Last) 2. Defa of Deeth 3. Time of Death Dey Month Yeer ORDWAY SMITH-HILL FEBRUARY 11, 1997 8:10P.M 4a. Fecility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death LINTON If Under 24 Hrs. 6802 EAST CLINTON STREET PRINCE GEORGES If Undar 1 Year 8. Dete of Birth Feb. 18 9. Birthplece (State or Foreign Month, Dey, Year) North Carolina 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) Deys ₩ 20 F Months Hours Min. 05 836 71 1925 | North Carolina Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Prince Georges Clinton 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6802 East Clinton Street 20735 USA 12. Wes Decedent Ever In U,S. Armed Forces? XX Yes 25 W W II 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yas, specify Cuben, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indien, Bleck, White, etc. 1 Never Merried 2 Married 1 Yas 2 No Specify: specify: White 3 Widowed 4 Divorced Yeer or Detes: 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Independent Elemantery/Secondary (0-12) Collega (1-4or 5+) Electrical Engineer Contractor 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Lester James Hill Lillian Smith 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Iris Hubbard Dobson/Niece 1515 Alexander Road Rock Hill, SC 29732 20b. Plece of Disposition (Neme of cemetery, cremetery or other place) 20e. Method of Disposition 20c. Location - City or Town, Steta 1 ☐ Buriei 2 X Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Metro Crematory, Inc. 2/19/97 Baltimore, MD 21. Signature of Funeral Service Licensee F. McDonald Cremation Society of Maryland, Inc. C 239. Part 1. Enter the disease, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrast, shock, or heart failure. List only one couse on each line. 299 Frederick Rd. Baltimore, MD 21228 Approximete Intervel Between Onset and Deeth Immediete Ceuse (Finel BRONCHOPNEUMONIA AND HYPOTHERMIA diseese or condition resulting in deeth) Due to (or es e consequence of) Sequentielly tist conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that Initiated events resulting in deeth) Lest Due to (or as e consequence of): Due to (or es a consequenca of): Pert It. Other eigniffcent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dfd tobacco use contribute to the cause of death? 1 Yes 2 No 3 □ Probably Unknown 24b. Were eutopsy findings available prior fo completion of cause of deeth? 24a. Was en eutopsy performed? Yes 2□ No 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Hospitat: 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) XXYes 2□ No

by Completed Be Medical Certification: To

Examiner

Physician/Medical

State Registrar

31. Dete filed (Month, Day, Yeer) FEB 21 1997

Dennis J.

29b. Signeture end title of certifier

27. Menner of Deeth

1 Neturel

2√√ Accident 3 ☐ Suicida

4 Homlcide

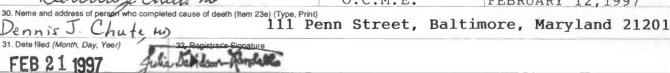
29a, Certifier

5 Pending

investigation

ennis Chute no

6 Could not be determined



28e. Dete of Injury (Month, Dey Yeer)

found 2/11/97

28b. Time of

5:55

fournitry

28e. Pteca of tnjury - At home, farm, street, fectory, office building, etc. (Specify)

28c. Injury et Work?

1 Certifying Physicfan: To the best of my knowledge, deeth occurred et the time, dete end ptece, end due to the ceuse(s) end menner es steted.

**Medfcet Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, date end place, and due to the ceuse(s) and menner steted.

29c. License number

O.C.M.E.

1 Yes 2√X No

28d. Describe how Injury occurred

Subject exposed to cold

Clinton, Md.

28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 6802 Ease Clinton St.

29d. Dete signed (Month, Day, Year)

FEBRUARY 12, 1997

Éu =

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Month 12 Am SCALLID FEB 18 1997 4a. Facility Neme (If not institution, give street end number, 4b. City, Town, or Location of Death 4c. County of Death HOSPITAL SECOURS BALTIMORE N/A If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. last birthday) 9. Birthplace (Stete or Foreign 1□M 2√2 F Days Yrs. JUNE 26,1920 HAGERSTOWN, MD 10b. County 10c. City, Town or Location 10d. Inside City Limits N/A BALTIMORE TX Yes 2 No 10f. Zip Code 10g. Citizen of Whet Country? 401 S. BENTALOU STREET 21223 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - Americen Indian, Black, White, etc. 1 ☐ Never Married 2 ☑ Married 1 ☐ Yes 2 ☐ KNo Specify: Specify: WHITE 3 ☐ Widowed 4 ☐ Divorcad 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondery (0-12) College (1-4or 5+) HOMEMAKER HOMEMAKING 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) LUCY TOMS 19e. Informant's Neme/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) SUSAN L. SCALLIO (DAUGHTER) 2 PATAPSCO ROAD - LINTHICUM, MD. 20b. Placa of Disposition (Neme of cametery, cremetory or other place) 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Removal from State LOUDON PARK CEMETERY 2/21/97 4 ☐ Donation 5 ☐ Other (Specify) BALTIMORE 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD 21229 Part / Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart feilure. List only one ceuse on each line. Approximete Interval Between Onset and Death Due to (or as a consequence of): e to (or es e consequence of): Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2□ No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to 24e. Wes an autopsy performed? completion of cause of death? 1 Yes 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 TYes 2 No 6 Could not be 28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurei Route Number, City or Town, Stete)

Examiner be executed P.O. Box 68760. the signed by t Records, page 2 s certificate of Vital director this

After

To the Hospital or Attending within 24 hours after death.

Division

Examiner Physician/Medical by Be Completed Medical Certification: To Director: within 24 hours at To the Funeral Di completely filled In

Physician

/Medical

Examiner

Director

Funeral

p

Completed

Funeral

Director

r than "natural", or itams 23a or 28a-1 show the Medical Examiner roast be notified at

the Marylend

Baltimore, Maryland 21215-0020

permit. Pages 1 and 2 should be filled with Department of Health and Mental Hygien important: if item 27 is marked other that any injury or other traumaits.

Physician /Medical 5. Social Security Number

Usual Residence of Decedent

220-01-0401

10e. Street and Number

5TH GRADE

SIMON KINDLE

20e, Method of Disposition

Immediate Cause (Final disease or condition resulting in deeth)

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting In death) Last

10a. State

25. Was case referred to medical 1 Yes 2 No 27. Manner of Death Natural 2 Accident 3 Sulcide 4 Homicide 29a. Certifier

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) end manner stated. 29b. Signeture end title of certifier

29c, License number

📆 Certifying Phyalcian: To the best of my knowledge, death occurred et the time, dete end placa, and due to the cause(s) and manner as stated.

ST #407

29d. Date signed (Month, Dey, Year)

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

BALTIMORE MY)

Noni 31. Date filed (Month, Dey, Year)

32. Registrar's Signature

FEB 21 1997

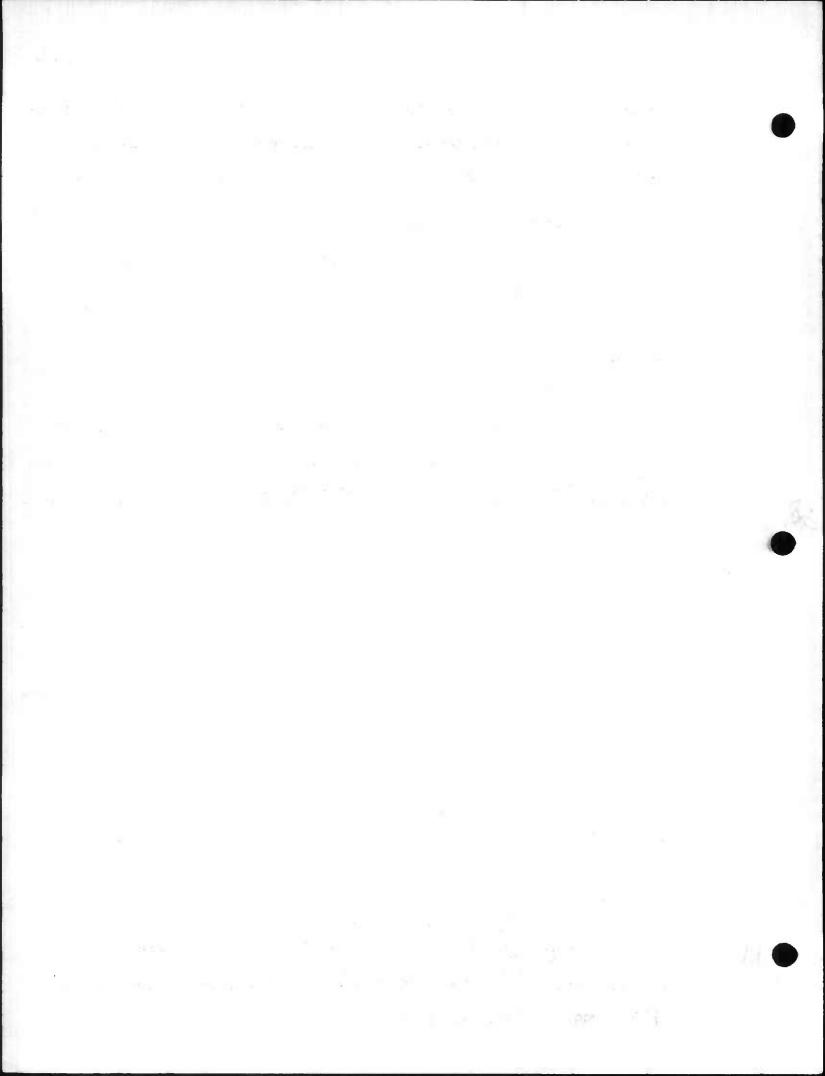
1. 1. Kninds

State

Registrar

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			State	of Maryla		artmen ertificat			nd N	fental Hy	giene 9	7 (05110
	23	1. Decedent's Name (First, Middle, La	st)							2. Dete of De	ath		3. Time of Death
Physic /Medi		David		SH	ANNON					Month Februar	Day ry 17, 1	Year 997	5:02 pm
Exami		4a. Fecility Name (If not Institution, giv	e s <i>tr</i> eet end nu					4b. City, Tow	vn, or Lo	cation of Deet			3 - 3 m
	-	Franklin Square		tal Cen	ter			Roseda			Balt	imor	
Funeral		5. Social Security Number 6. S	ex XDM 2□F	7. Age (In yrs	. last birthdey, Yrs.	Months	1 Yeer Deys	If Under 2 Hours	Min.	8. Dete of Bir (Month, Da	th ly, Year)	9. Birth	place (State or Foreign ntry)
Director		214-18-3186 Usuel Residence of Decedent		75	118.					Feb. 5	,1922	Mai	ryland
yw m		10e. State 10b. County	-	10c. C	ify, Town or L	ocation							10d. Inside City Limits
the Manylar 28a-f show	tor	Maryland Baltim	ore		Rosed	lale							1 Tes 2 No
2 should be filed within 72 hours after death with the Maryland and Mental Hygiene. Is marked other than "natural", or itema 23s or 28s-1 show surretic event, the Medical Examinat must be notined at	Director	10e. Street and Number				10f. Zip	Code				10g. Citizen of	Whet Cou	ntry?
23a		6221 Commons Ro	ad			21	237				U.S.	Α.	
items in the man	Funeral	11. Meritel Status	Armed Fo	edent Ever in (prces?		Wes Deced	dent of H	Ilspanic Orig an, Mexican,	In? (Spe Puerto	ecify Yes or No Rican, etc.)	- 14. Rac	ce - Ameri ck, White,	can Indien,
s afte	by Fi	1 Never Merried 2 Married	1XXYes If Yes, Gi	2□No ve etes:1941-	1045	1□ Yes 2				•	Specif		
"natural", or	Q p	3 Widowed 4 Divorced		etes1941-		death Hair	10					MIII	
in 72 ho natur	Be Completed	15. Decedent's Ed (Specify only highest gra	de completed)		(Give	dent'a Usua kind of wor DO NOT us	rk done	during most	of work	ing	16b. Kind of B	usiness/in	idustry
ione.	E O	Elementery/Secondery (0-12)	Coilege (1-4or 5+)		lespe					Automo	hile	Retail
be filed within tal Hygiene. It other than event, the Menery of the Mene	e C	17. Father's Name (First, Middle, Last,				гооро	1001		's Neme	e (First, Middle,	Meiden Suman		
vid b Ments rked itic e	ToE	Milton P. Shann	on					Eli	zabe	eth Un	known	Gepha	ardt
d z should be filed within the and Mental Hygiene. 7 is marked other than traumatic event, the Mental traumatic e		19a. Informant's Name/Relationship (Type, Print)		19b. Mall	ing Address	(Street				er, City or Town,		
permit. Pages 1 and 2 s Department of Health ar Important: If Hem 27 is any injury or other trau once.		Dorothy M. Shann	on/ Wif					s Road]		re, Mar		
H He H		20a. Method of Disposition 1 X Burial 2 ☐ Cremetion 3 ☐	Removel from		Plece of Disp cemetery, cre	osition (Nem metory or o	ne of ther ple	ce)	1	Date	20c. Location	- City or T	own, State
tant:		4 □ Donation 5 □ Other (Specif	1)		rdens					21/97	Balti	more,	Maryland
Departr Importa any inju		21. Signal of Funerel Service Licer	see		2			ss of Fecility Mill		Inc.			
00200		Juanta K	Roma			641	5 Be	elair	Road	d Bal	timore,	Mary	land 21206
		23a Parti. Enter the disease, or com ahout, or heart feilure. List only	pilcetions that one ceuse on e	aused the dea ach line.	th. Do not en	ter the mod	e of dylr	ng, such as c	ardiac (or respiratory e	rrest,		Approximate Interval Between
hysiclan /Medicai	Ш	Immediate Cause (Final										İ	Onsel end Deeth
Examiner		disease or condition resulting in death)	a. Arte	rioscl			Lova	scular	Di	sease		1	25 Years
10000	ě			Due to (or as a conse	quence of):							
physician and the burial-transit	Examiner	Sequentially list conditions	b	Due to (or es e conse	quence of):							
lan ar	EX	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
hysician and the burial-transi	dical	that initieted events resulting in deeth) Lest	c	Due to (or es e conse	quence of):						1	
een signed by the attending phould be detached for use as	Me	L	d										
for us	Physician/Me		d									1	
igned by the a be detached t	ysic	Pert II. Other significant conditions of	ontributing to d	eath but not re-	sulting in the u	ınderlying cı	ause giv	ven in Part I.		23b. Dld	tobacco use co	ntribute t	o the cause of death?
ed by detac		Alzheimer's Deme	ntia							1 🗆	Y88 2 No	3 Pro	bably 4 Unknows
od bl	d by									24a Was	an autopsy	24b. W	fare autopsy findinga
11 (2)	Completed										med?	6/	vaileble prior to empletion of cause
ate has b page 2 si	ш									.57			déath?
		25. Was case referred to medical						ac Di-	-15	10		11	☐ Yes 2☐ No
	To Be	examiner?	Hospitel:	Inpatient 2	ER/Outpatie	nt 3 DO	Oth	05		h (Check only o	dence 6 Oth	or (Coosi	4.1
		27. Menner of Death		of Injury th, Day Year)	28b. Time o		8c. Injur Wor				how injury occur		197
r death. ector: After by the funer	atio	1 ☑ Natural 5 ☐ Pending 2 ☐ Accident investigation		in, Dey Year)	Injury	М		Yes 2 □ N	lo				
recto	Certification:	3 ☐ Sulcide 6 ☐ Could not be determined	288. PIBCE	of Injury - At h	ome, ferm, st	reet, fectory	, office			28f. Location (ber or Run	al Route Number,
irs aff	S												
24 hours after death Funeral Director: /	edicai	29e. Certifler 15 Certifying Ph	iner: On the b	asis of examine	owledge, deet	h occurred evestigetion,	et the tir	ne, dete end	pieca,	end due to the	cause(s) and me	enner as s	stated. o the cause(s)
ro fine ro fine rompie	Med	one) 29b. Signature and title of continue	andimin	ner stated.	1		_	e number					
350		· / /// /	1-1	1/	1 -	/ 250		7315			29d. Dete signe		
4)		20 Name and 111 // /				Project Co.	102	7313			Februar	y 1/	, 1997
16		30. Name end eddres of person who a M L Frydenborg		6 of death (Ne 1000 Fr			le n	rive	Ro 1	timoro	Maryla	nd ·	21237
Sta	te	31. Dete filed (Month, Dey, Year)	32. R	egistrar's Sign		Dada			Dal	crmore,	rial y la	DIA.	L1LJ/
Registr		FFR 2 1 1007	80.	- 4	40 000	-							



State of Maryland / Department of Health and Mental Hygiene 97 05 1 1 1

Physicia: /Medica		1. Decedent's Name (First, Middle, L.							Reg. No.		
•								2. Dete of D	eeth Day	Yaar	3. Time of Deat
	_	Melvin Lindsa						Febru	ary 20	194	1 3:051
Examine	er	4a. Fecility Name (If not institution, gi						ore City	7	y of Deeth N/A	A
Funeral Director	- 1	216-50-4407	Sex 7. Ag	ge (In yrs. last 48	birthday) Yrs.	If Undar 1 Yaar Months Deys		8. Dete of 8 (Month, I	irth L, 1949	9. Birthi	place (State or Fore ntry) aryland
*_	-	Usuel Rasidence of Decedent 10e. Steta 10b. County		10c. City, T	own or Loc	ation				1.	IOd Inside City I lea
Sho	ŏ		/ A	roo. Oxy, 1	01111 01 200	Baltin	noro				10d. Inside City Llm
288-	Director	10e, Street end Number	/ A				1016		10g. Citizen of What Country?		
23a or		1102 East 20t				10f. Zip Coda	21218			USA	ntry?
e de	by Funeral	11. Merital Status 1 ☑ Navar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Armed Forces* 1 ☐ Yes 2 ☑ If Yes, Give Yeer or Dates:	7		es Decedent of I Yes, specify Cub ☐ Yas 2X No	Hispanic Origin? (S en, Mexican, Puar Specify:	pecify Yas or N to Rican, etc.)		ce - Americk, Whita, by: B18	
natu	etec	15. Decedent's E (Specify only highest gr	ducation	1	6e. Decede	ent's Usuel Occup	petion during most of wa	rkina	16b. Kind of 8	lusiness/In	dustry
than to Mer	Completed	Elementery/Secondary (0-12)	College (1-4or 3 yrs	5+)	life. D	Labore	during most of wo	rk#ig		hemi	0.01
The state of		17. Fether's Nema (First, Middle, Las				пароте	_	ma /First Middl	e, Maiden Sumer		LCal
ed o	m	James Oliver							. Webst		
Tation H	2	19a. Informent's Neme/Reletionship			Ob Mellin	Address /Our	t and Number or Ru				Code
27 Is 27 Is or trau		Florence Thom					20th Str				
r othe		20e. Method of Disposition 1 Burial 2 Cremetion 3	Ramovel from State	20b. Plece	e of Dispos etery, crem	ition (Nema of etory or other ple		Dete	20c. Location	- City or To	own, Stete
ant: If its		4 Donetion 5 Other (Speci		Mt.	Zio	n Cem	2/2	25/97	Lansdo	wne,	Md.
Import any inj		21. Signature of Juneral Service Uce	3 (ol			ess of Fecility Ca nner Ave				
		23a Fahl. Enter the disease, or con shock, or heert feilure. List on y	unicetions thet cause	the deeth. D						, ,	Approximate Interval Between
/sician		oroda, or roda, foliato, Elst	One couse on agern	110.							Onset end Deeth
ledical aminer		Immediate Cause (Final disaasa or condition	AI	05							1 year
		resulting in death)	d.	Due to (or es	e consequ	ence of):					0
in and in initial init	2		b							-	
an and inei-tra	Exa	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Undarlying Ceusa (Diseese or injury		Due to (or es	e consequ	ence of):					
ng physician and ses the bunei-transit	900	Ceusa (Diseese or injury thet initieted avents resulting in death) Lest		Dua to (or as	a consequ	ence of):			×		
igned by the ettendii be deteched for use			d								
y the	ly Si	Pert II. Other significent conditions of	contributing to deeth b	ut not resulting	g in the und	dariying ceuse gi	ven in Pert I.		1/		o the cause of deal
be defe								1	Yes 2 No	3 Pro	bably 4 ☐ Unkn
should should									s en eutopsy ormad?	av	ere eutopsy finding allable prior to mpletion of cause deeth?
te has	E							1□	Yes 2 No	10	Yes W No
certificate har rector, page		25. Wes case referred to medical					26. Plece of Dec				
S 9 5		exeminer? 1 ☐ Yes 2 🕱 No	Hospitel: 1 Inpatie	ent 2 ER/	Outpatient	3□ DOA Oth	har		idence 6 Oth	ner (Specif	ν)
		27. Menner of Deeth 1 Neturel 5 Pending 2 Accident Invastigatio	28a. Dete of Inju (Month, De	ry 28t	o. Time of Injury	M 1			how Injury occur		
ed in by the uner: Certification:		3 Sulcida 6 Could not b datermined	e 28a. Place of Inj building, et	ury - At home, c. (Specify)	, farm, stree	et, fectory, office		28f. Location City or To	(Street end Numb wn, Stete)	ber or Rura	al Route Number,
piero III		29a. Certifier (Check only one) Certifying Ph	yelclan: To the best of the part of the pa	examinetion	ige, deeth o end/or inve	occurred et the til stigetion, in my o	me, dete end pleca opinion, deeth occu	, end due to the rred et the time	ceuse(s) end me , dete end piece,	enner as si and due to	teled. the cause(s)
Me W	-	29b. Signatura and title of cartifiar				29c. Licans	sa number		29d. Dete signe	d (Month,	Dey, Year)
		Rong 3ha	ng- Ho	ware	& mi	DATAU	38946 n Umiv.		tohn	ani	10.00
2	-	30. Neme end eddress of person who	completed cause of d	eeth (Item 33	al (Time D	int)	20170		reorm	y	20,199
5	1	union memo	olo l l	bit of	*) (1 ype, P	Sctor	n 1/4 4/	eret.	Rack	211	ונג מוח
		31. Dete filed (Month, Day, Yeer)	32 Medistr	r's Samatuse	7 201	CIVELL	· VAIIV	u sily	I-m/CW	1	(1)

TERLINA TO THE RESIDENCE OF THE PARTY OF THE

State of Maryland / Depar

tment of Health and Mental Hy	giene	1	UD	
ificate of Doath				

					Cer	tificate of	Death		Reg. I	No.		
Physicia	an	1. Decedent's Neme (First, Middle,	Last)					2. Dete		Dev	Yeer 3	. Time of Deeth
/Medic		JOHN	CAMERON			THO	MPSON		UARY			5:32P.M
Examin	er	4e. Fecility Neme (If not institution,					4b. City, Town	n, or Location of	Deeth	c. County	of Deeth	
		JOPPA & YORK					TOWS			BALT	IMORE	
uneral irector		5. Sociei Security Number 217–64–0654	. Sex 7. Ag 10∬M 2□ F	ge (In yrs. 43	lest birthdey) Yrs.	if Under 1 Yee Months Deys			of Birth h, Day, Yea 29,	1954	9. Birthpiece Country) New	York
>		Usuel Residence of Decedent 10e. Stete 10b. County		40- 03								
offed of	ctor	Md. Baltin	nore	Toc. City	y, Town or Loc							inside City Limits 1 ☐ Yes 2 ☑ No
23a or 20 at be no	al Director	10e. Street end Number 500 Virgin	nia Ave., A	pt.	1403	10f. Zip Code 212	86		10g. (U.S.	What Country?	
xaminer m	by Funeral	11. Maritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces? 1			Ves Decedent of Yes, specify Cul		n? (Specify Yes of Puerto Rican, etc.	or No-		e - American i k, White, etc.	
Cal	8	15. Decedent's			16e. Deced	ent's Usuel Occu	netion		16h	Kind of Bu	siness/Indust	
De Medi	Completed	(Specify only highest s Elementery/Secondery (0-12)	College (1-4or	5+)	16e. Decedent's Usuel Occupetion (Give kind of work done during most of work life. DO NOT use retired) Policeman			f working			more C	
c event, 1	To Be Co	17. Fether's Neme (First, Middle, La Charles Rob	•	on			Neme (First, Molet Avr					
traumeti	F	19e. Informent's Neme/Reletionship Avril Thomp	(Type, Print) 19b. Mailing Address (Street and Number or				or Rural Route A	lumber, City	or Town, 210	Stete, Zip Co	de)	
Important: if item 27 is marked other than "natural", or itema 23a or 28a-f show any injury or other traumatic event, the Medical Examinet must be nortified at once. To Be Completed by Funeral Director To Be Completed by Funeral Director		20e. Method of Disposition 1 Burial 2 Cremetion 3 4 Donetion 5 Other (Spe	☐Removel from Stete	on Mother 2503 Arabian Ct., Finksburg, Md. 210 20b. Place of Disposition (Neme of cernetary, cremetory or other place) Dete 20c. Location - Comparing the comparing or other place)								
Injur	-	21. Signature of Financi Service Lice				Name end Addr			11		,	
E SUS		145	O. At		E	ckhardt	Funera.	l Chapel				() 63335
sician		23a. Pert1. Enter the disease, or co shock, or hear failure. List on	mplicetions thet ceused y one ceuse on each li	d the death	n. Do not ente	r the mode of dy	sterste ing, such es ca	ardiac or respiret	ory errest,	igs ri	Ap	Id. 21117 proximete ervel Between set end Deeth
dical niner		Immediate Ceuse (Final disease or condition resulting In deeth)	e. M	Due to (or	r es e consequ	James de la companya	es			_	1	
ransit	Examiner	Sequentially list conditions.	b	Due to (or	r es e consequ	uence of):		<u> </u>				
puriel-t	EX	Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury	c									
2 00	Medical	thet initieted events resulting in deeth) Lest		Due to (or	es e consequ	ience of):						
detached for use	Physician/	Pert il. Other eignificant conditions	contributing to death b	ut not resu	ulting in the un	derlying cause o	iven in Part I	23h	Did tobac	O Hee COL	atribute to the	cause of death?
igned by the	by Phys								1 🗆 Yee		3 Probabi	~
2 should by	Completed b								Wes en eu performed?		avelleb	eutopsy findings ele prior to etion of ceuse h?
rector, page 2	E								1 Yes	2 🗆 No	1 1	
director,	Be	25. Wes cese referred to medical exeminer?					26. Place o	Deeth (Check o	nly one)			
0	2	1 X Yes 2 No	Hospitel: 1 Inpatie	ent 2 🗆 I	ER/Outpatient	3□ DOA Ot	her: 4 Nurs	Ing Home 5 🗆	Residence	6 DOthe	or (Specify)	SCENE
		27. Menner of Deeth 1 ☐ Naturel 5 ☐ Pending	28e. Dete of Inju (Month, Da	ry y Yeer)	28b. Time of Injury	28c. Inju	ry et ork?		ribe how in			ut
in by the fu	Certification:	2 Accident Investigati 3 Sulcide 6 Could not determine	730 AR 1 Yes 2 No Struckby vehicle 1arm, street, factory, office 281. Location (Street and Number or Rurel Route Number			ute Number,						
			building, etc		mode	vary		But	nive	Cerel	y Me	+ York Loo
18 3	edical	29a. Certifier 1☐ Certifying F (Check only one) 1☐ Certifying F	hysician: To the best of iminer: On the basis of end menner sto	exemineti	viedge, deeth ion end/or invi	occurred et the ti estigation, in my	me, date end ; opinion, deeth	olece, end due to occurred et the t	the ceuse ime, date e	(s) end me nd plece, s	nher es steted and due to the	d. ceuse(s)
du	_	29b. Signature and fittle of certifier	and manifer ste	AU.		29c. Licen	se number		29d F	ete sinner	Month Dev	Year)

State Registrar

30. Name and address of person who completed cause of death (item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

29d. Dete signed (Month, Day, Year)

FEBRUARY 20,1997

29c. License number

O.C.M.E.

Man Ittly Tower or edge of the particle of the second The amount of the same and a second

Months

Baltimore County

Housewife

10f. Zip Code

1 ☐ Yes 2 No Specify:

16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

State of Maryland / Department of Health and Mental Hygiene

iaic	Oi	IVICUI	ylana /	Department of Fleath and	
				Certificate of Death	

7. Age (In yrs. last birthday)

84

12. Was Decedenf Ever in U,S. Armed Forces?

I ☐ Yes 2☐ No If Yes, Give Yeer or Dates:

College (1-4or 5+)

N/A

Yrs.

10c. City, Town or Location

Physician /Medical Examiner 1. Decedent's Name (First, Middle, Last)

2. Date of Deeth

4b. City, Town, or Location of Deeth

TOWSON, MARYLAND BALTIMORE
If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth
(Months Deys Hours Min. (Month, Dey, Year) | 9. Birthpiace (Country)

Feb. 1,1913

3. Time of Deeth

Birthpiace (State or Foreign Country)

Maryland

4a. Facility Name (If not Institution, give street and number)

6. Sex

Baltimore

1 M 2/2KF

VERMETRE

21237

Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.)

FEBRUARY 16, 1997 1:42 AM 4c. County of Death

Funeral

Director show 4

289-1 b must be Norres 23a 8 'nstursi', the Medical Hygiene. 20 and Mental marked c Pages 1 and 2 should

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

Department of Health as Important: If Item 27 is any injury or other trau

10

The law requires that the death certificats be axecuted the burial-transi P.O. Box 68760. use as Records, be d of Vital Physician: this sion Attac gling

Be

Certification: To

Medical

MARGARET SAINT JOSEPH MEDICAL CENTER 5. Social Security Number 213-18-1182 Usual Residence of Decedent 10a. State 10b. County Director Maryland 10e Street and Number 1809 Hanford Rd. 11 Maritai Status 1 Never Married 2 Married þ 3 □XWidowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) 9 yrs. 17. Fether's Name (First, Middle, Last) Be John Malkus 19a. Informant's Name/Relationship (Type, Print) inda Chaudron 20e. Method of Disposition 1 X Burlal 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Doneflon 5 ☐ Ofher (Specify) 21. Signefure of Funeral Service Licensee Immediate Cause (Final disease or condition resulting in death) Examiner

Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lasf Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert 1. SEPSIS à RUPTURED DIVERTICULITIS OF SIGMOID COLON 3) RENAL FAILURE

25. Was cese referred to medicel examiner?

5 Pending

Investigation 6 Could not be determined

1 Yes 2 No

27. Manner of Death

2 Accident

4 Homicide

(Check only one)

3 Suicide

29a, Certifier

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, dete end piece, end due to the ceuse(s) and menner stated. 29b. Signefure and fitte of certifier Komerd lando

28b. Time of Injury

28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

29c. License number D 28982

28c. Injury af Work?

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and menner es stated.

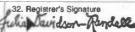
1 Yes 2 No

30. Name and eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)

ERLANDO ROMERO, M.D.. 7620 YORK ROAD, TOWSON, MARYLAND 21204 31. Date filed (Month, Dey, Year)

State Registrar

FEB 21 1997



Hospital: 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

DHMH 16 Rev 6/95

10g. Citizen of What Country?

10d. Inside City Limits

1 ☐ Yes 2 ☑ No

14. Reca - American Indian, Black, White, efc. White

16b. Kind of Business/Industry

USA

Homemaking- Own Home

18. Mother's Name (First, Middle, Meiden Sumeme, Elizabeth Ann Chesnev

19b. Meliing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code)

6003 Kenwood Avenue Baltimore, Maryland 21237 20b. Plece of Disposition (Name of cemetery, cremetory or other place) Gardens of Faith Cem. 2-19-97 Baltimore, Md.

> 22. Name and Address of Facility Lassahn Funeral Home

7401 Belair Rd. Baltimore, Maryland 21236

23e. Part1. Enfer the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one ceuse on each line.

Approximete Intervai Between Onset and Deeth

3 WEEKS

Due to (or es a consequence of):

ADULT RESPIRATORY DISTRESS SYNDROME

Due to (or as a consequence of):

PERITONITIS

28e. Date of Injury (Month, Dey Year)

PNEUMONIA

Due to (or as a consequenca of):

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Wes an autopsy performed?

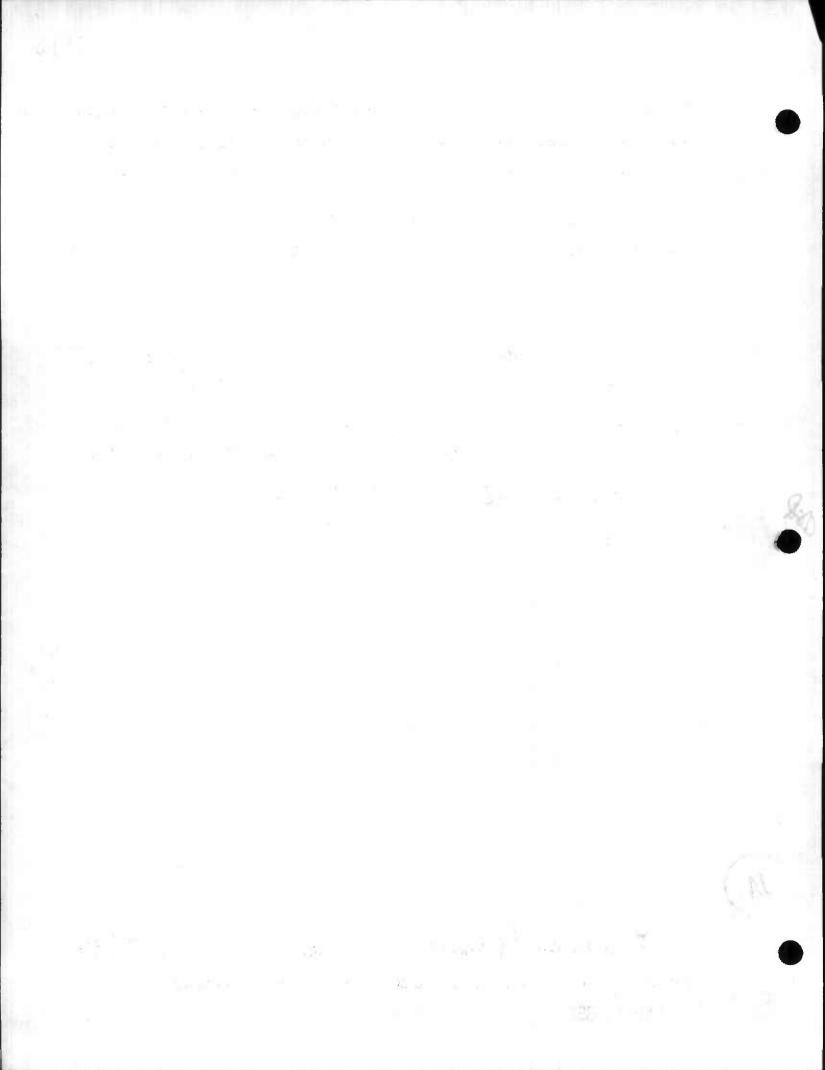
1 Yes 2 No 1 Yes 2 No

26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify)

28d. Describe how injury occurred

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29d. Date signed (Month, Dey, Year)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth **Physician** Month 02 Wiggins Naomi 6:40pm /Medical 4e. Facility Name (If not institution, give street end numbar) 4b. City, Town, or Location of Death 4c. County of Daath **Examiner** 1140 E. North Avenue Baltimore If Under 1 Year If Undar 24 Hrs.

Months Days Hours Min. 5. Sociel Security Number 7. Age (In yrs. last birthday) Date of Birth (Month, Pay, Year) 07-12-13 **Funeral** Birthplace (State or Foreign Country) 1 M 2 M F 83 Yrs. 214-12-4275 Director MD Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at XXYes 2 No MD Director n/a BALTIMORE 10e. Street and Number 10f. Zip Code permit. Pages 1 and 2 should be filed within 72 hours after death with 1 Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23s or 2 any injury or other traumatic event, the Medical Progression of the Apple of th 10g. Citizan of What Country? 1140 E. NORTH AVENUE UNITED 21202 STATES Completed by Funeral 12. Wes Decedent Ever In U.S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Rece - American Indien, 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 ☑ Mo If Yas, Give Yeer or Datas: 1 ☐ Yas 2X XNo Specify: BLACK 3 ₩idowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Elementary/Secondery (0-12) College (1-4or 5+) 11 th HOMEMAKER in own home 17. Fethar's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Sumeme) Be CHARLES SYKES 2 EDNA ROBINSON 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) JOHN WIGGINS WINDSOR MILL ROAD, BALTIMORE, MD 20b. Place of Disposition (Neme of cemetery, cremetery or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Steta 1 Buriel 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) KING MEMORIAL PARK 2-22 RANDALLSTOWN, MD 21. Signeture of Funerel Service Licansee 22. Name and Address of Facility Baltimore, Maryland temsos WM.C. March FH 1101 E. North Avenue 21202 23e. Pert1. Enter the disaese, or conditions that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart tailure. List only the cause on each line. **Physician** PANCREATIC CARCINOMA /Medical immediate Cause (Final MONTHS diseese or condition resulting in deeth) Examiner Due to (or es e consequence of): Examiner The law requires that the death certificate be executed attending physician and for usa as the burial-transit Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last Due to (or es a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medicai Dua to (or es a consequence of): been signed by the a should be detached f Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown CONGESTIVE HEART FAILURE þ 24b. Were sutopsy tindings available prior to completion of cause of death? Be Completed 24e. Wes an autopsy performed? certificate has been irector, page 2 shoul AZTEAWSCLEROTIC CARDIOVASCULAR DISEASE 1□ Yes 2 No 1 ☐ Yes 2 X No To the Hospital or Attending Physician: "
when 24 hours after death.
To the Funeral Director: After this certification properties of the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director directors and directors director 25. Was case referred to medical exeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of Injury Medical Certification: 28d. Dascribe how Injury occurred 28c. Injury et Work? 1 Maturel 5 Panding 1 ☐ Yes 2 ☐ No Invastigation 2 Accident 6 Could not be determined 28e. Plece of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 3 Sulcide 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and pieca, and due to the cause(s) and menner as stated.
2 Madical Examtner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and menner stated. 29e. Certifier (Check only one) 29b. Signeture end title of cartifier 29c. License number 29d. Dete signed (Month, Dey, Year) Nathan A. Scott III, M.D. 034484 2-19.97 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) MATHAN A. SCOTT IT 1000 E. EAGER ST. BALLIMORE MD 21202 M.D.

32. Registrer's Signeture

a Validson Randell

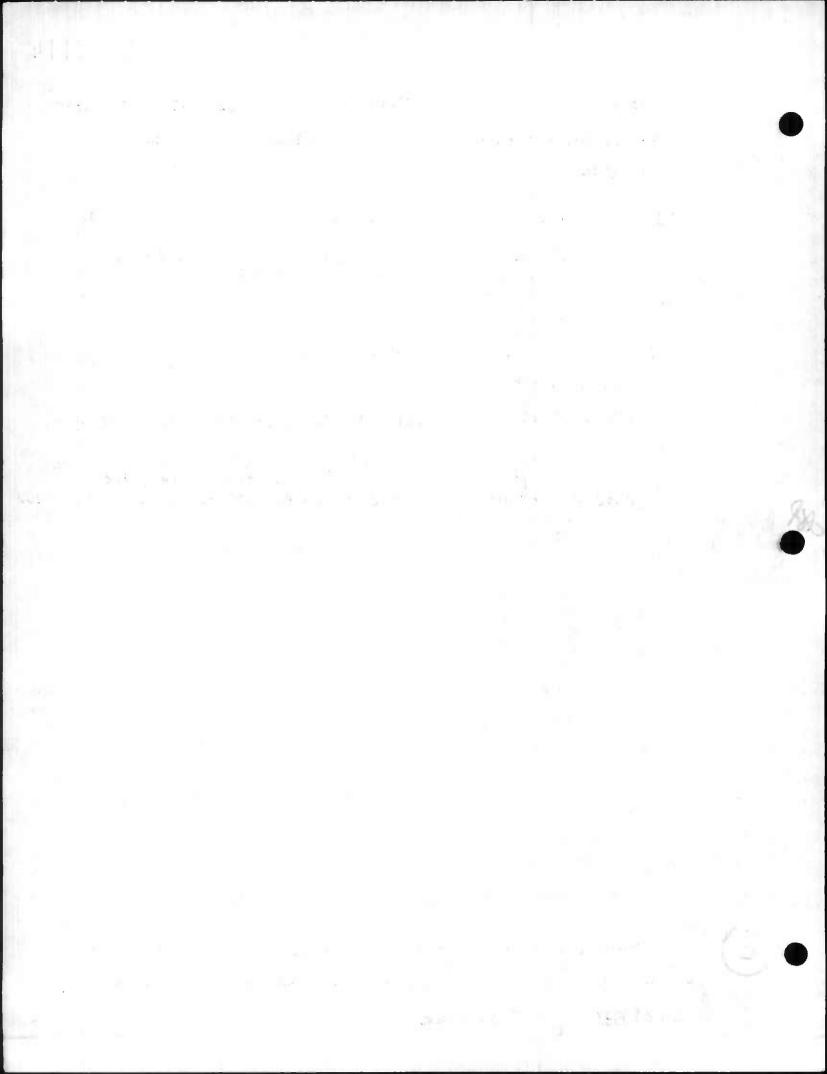
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State

Registrar

31. Dete filed (Month, Dey, Year)

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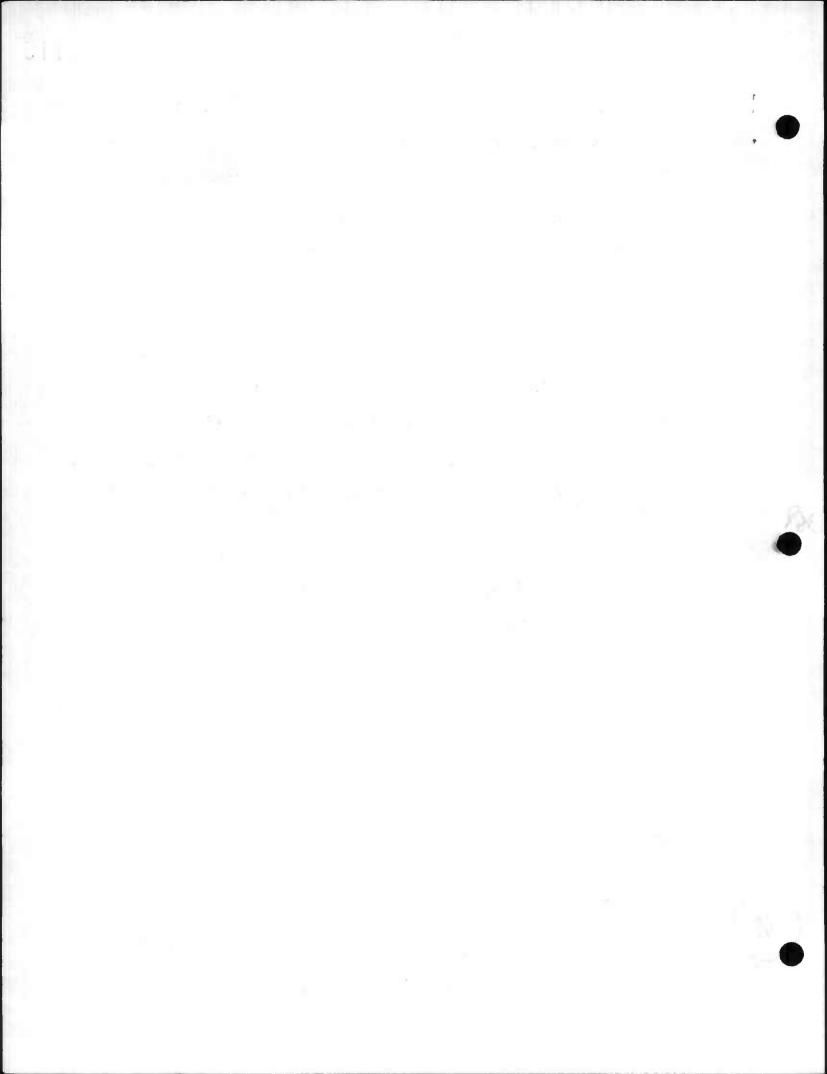


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3 Time of Deeth **Physician** Month Feb. 17 Dey 1997 Grace 4:00pm /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Franklin Woods Nursing Center Rossville Baltimore 5. Sociel Security Number 7. Age (In yrs. last birthday) if Under 1 Year if Under 24 Hrs. Birthplace (State or Foreign Country) 8. Dete of Birth (Month, Dev. Year) **Funeral** Months Days 91 215-30-2291 Director Sept. 11,1905 PA. Usual Residence of Decedent the Maryland 10a Stete 10b Counts 10c. City. Town or Location Show 10d. Inside City Limits r than "natural", or items 23s or 28s-f show Md. **Baltimore** Essex 1 ☐ Yes 2 No Director 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 806 Mace Ave. 21221 USA Funeral 14. Rece - American Indien, Bleck, White, atc. 11 Marital Status 12. Was Decedent Ever in U,S Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) filed within 72 hours after 1 Yes 2 No
If Yes, Give
Yeer or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 XNo Specify: 2 3 ₩ Widowed 4 Divorced White Completed 16a. Dacedant's Usuel Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 15. Decedent's Education (Specify only highest grede completed) 16h Kind of Business/Industry Hygiane. Elementary/Secondery (0-12) College (1-4or 5+) Martins 12th Nurse pemit. Pages 1 and 2 should be filed Department of Haalth and Mental Hygis Important: If Itam 27 is marked other any injury or other traumatin 17. Fathar's Name (First, Middle, Last) 18. Mother's Neme (First, Middla, Maidan Sumame) Be Andrew Spicer Nancy Jane Wells 2 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Routa Number, City or Town, Stete, Zip Coda) 351 Endsleigh Ave. Baltimore Md.21220 Howard Wren/son 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Mathod of Disposition Dete 20c. Location - City or Town, Stete 1 X Burlei 2 Cremetion 3 Removel from State 2/20/97 4 ☐ Donetion 5 ☐ Other (Specify) Gardens of Faith Rossville Md. 21. Signature of Funerei Service License 22. Name end Address of Fecility Connelly Funeral Home of Essex onne 300 Mace Ave. Baltimore Md. 21221 Approximate Interval Between Onset end Death **Physician** /Medical Immediata Cause (Final TULMOMARY diseese or condition resulting in death) Examiner Examiner THEROSCLEROTIC CARDIO VASCULAR DISEASE certificata be executed bunal-transit Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest pug Box 68760, ALMUTRITION physician Physician/Medical the usa as DISFASE attending EGEMARATIVE JOINT P.0. signed by tha a Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert ii. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown Records, à should 24b. Were autopsy findings available prior to Completed 24e. Wes an eutopsy performed? completion of cause of death? page 2 certificata 2 No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: efter death. Be 25. Was cese referred to medical exeminer? 26. Placa of Death (Chack only ona) 1 Yas 2 10 Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA efter death.

Director: After this id in by the funeral d 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred Certification: 28c. Injury et Work? 5 Panding investigation 1 DNaturel 1 Tas 2 Accident 6 Could not be datermined 3 Suicide 28e. Plece of Injury - At home, farm, straet, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Routa Number, City or Town, Stete) 4 ☐ Homleide 15 Certifying Physicien: To the best of my knowledga, death occurred et the time, dete end pleca, end due to the cause(s) and mennar as stated.
2 Medical Examinar: On the bests of examination and/or investigation, in my opinion, deeth occurred et the time, dete end place, and due to the cause(s) end menner stated. Medical 29e. Certifier Z 29b. Signeture and title of certified 29c. License number 29d. Dete signed (Month, Dey, Year) 1 alle 30. Neme and addrass of parson who complated cause of deeth (Itam 23a) (Type, Print) 2 Marl

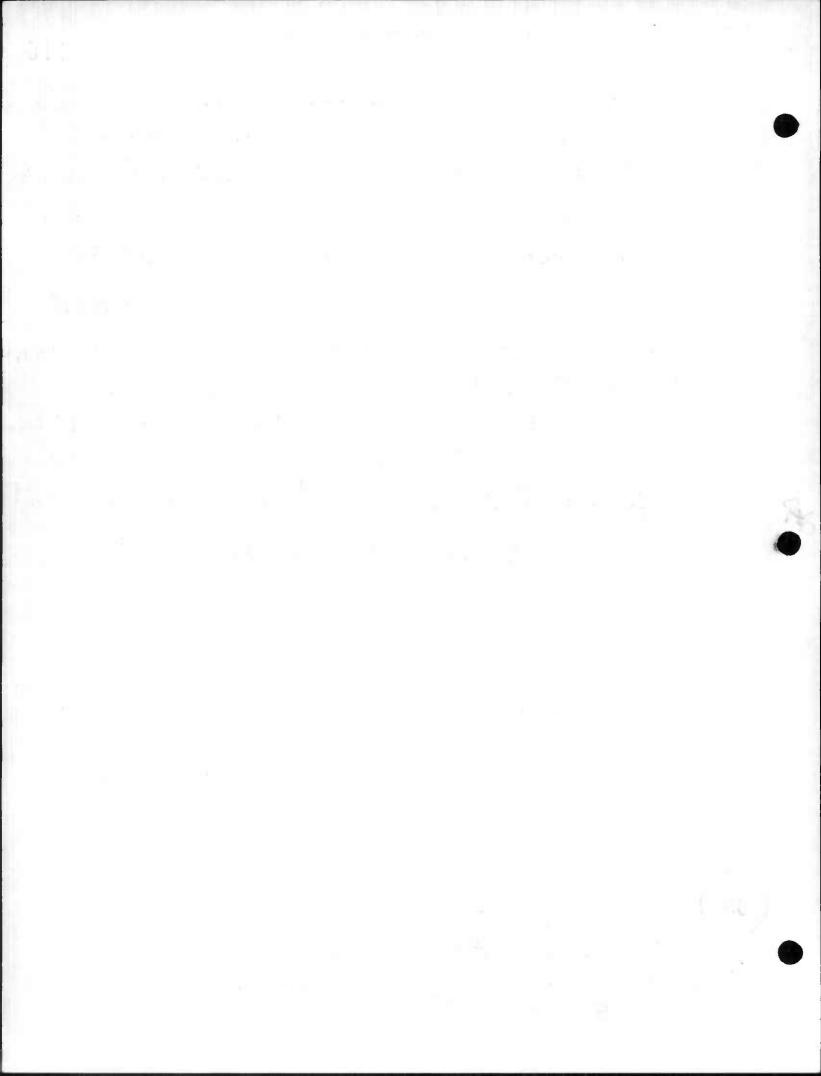
State Registrar



State of Maryland / Department of Health and Mental Hygiene

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				Certificate of Death	Re	g. No.	00110
	Physic	an	Decedent's Name (First, Middle, Last)		2. Date of Deeth		3. Time of Deeth
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ч	Exami	ier	4e. Fecility Neme (If not institution, give street end number) PENINSULA REGIONAL HOSPITAL		SBURY	4c. County of Deett WICOMIC	
Н	Funeral	г	5. Sociel Security Number 6. Sex 7. Age (In yrs. last b	irthday) If Under 1 Year if Under 24	Hrs. 8. Dete of Birth		
	Director		218-28-1656 1XM 2□F 63 Usuet Residence of Decedent	Yrs. Months Deys Hours	Min. Sept. 6,	1933 Per	hplece (State or Foreign unity) INSY IVAN
	e Marylan 8e-f show	Director	Maryland N/A 10c. City, Too	whor Location altimore			10d. Inside City Limits 1 Yes 2 □ No
	ath with th		10e. Street and Number UN Known	10f. Zip Code	10	g. Citizen of What Co.	A A
20	be filed within 72 hours after death with the Maryland nat Hyglene. d other than "natural", or items 23s or 28s-f show event, the Medical Examinat must be notified at	by Funeral	11. Maritel Stetus 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Never Merried 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes:	13. Wes Decedent of Hispanic Origin If Yes, specify Cuben, Mexican, F 1 □ Yes 2 No Specify:	n? (Specify Yes or No- Puerto Ricen, etc.)	14. Rece - Amer Bleck, White Specify: "T	
21215-0020	72 hou satural	ted t	15. Decedent's Education 16e	Decedent's Usuel Occupation	10	6b. Kind of Business/1	IQC N ndustry
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Maryland	should be nd Mental marked o	To Be	Frank J. Whitake	r La	Vanna	Jone	25
Man	2 should end Men is marke		19e. Informent's Name/Reletionship (Type, Print) (Sister) 19	b. Mailing Address (Street and Number of	or Rural Route Number,		
	f Health end Mer f Health end Mer fem 27 is marks other traumatic		MS, LORETTA Adams 5	508 Hamilt	on Ave.	3-A Balto Dc. Location - City or 1	Md. 2120
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Baltimore,	permit. Pages 1 a Department of Her Important: if item eny injury or othe		21. Signeture of Funerel Servica Licensee	ed Hearl of Jesu 22. Name end Address of Facility	5 14111.	1 11	11,110.
	89 = 28		Isleph L. Kuss	Joseph L. Ku:	ss Fune	Balto.	nd. 21216
			23a. Per 1/Enter the disease, or complications that baused the deeth. Do shorty or heart fairne. List only one cause on each line.	not enter the mode of dying, such as ca	rdiac or respiretory erres	t,	Approximete Intervel Between Onset end Death
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		Ž	29e. Certifier 1□ Cartifying Phyelclan: To the best of my knowledge	e death occurred at the time date and n	lece and due to the cau	en(s) and manner on	etatod
1	A Est	7	(Check only and Check on the control of the control	nd/or investigation, in my opinion, death of	occurred at the time, date	and place, and due	to the cause(s)
	New	Œ	29b. Signature and titte of certifier	29c. License number	290	d. Dete signed (Month	, Dey, Year)
			" (and whell	O.C.M.E.	F	EBUARY 1	7,1997
	8		30. Name end address of person who completed call of death (Item 23e)		4		1201
	Sta	e	31. Dete filed (Month, Dey, Yeer) . 38. Registrar's Signature of	enn Street, Balt	ımore, Ma	ryland 2	1201
	Registr		FEB 21 1997 Gula Davidson-Manager	•			



State of Maryland / Department of Health and Mental Hygiene 9 7

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					Certificate o	f Death	Re	g. No.		
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natural, or items 23a or 28a-f show dical Examiner must be notified at		10a. Stata 10b. County		10c. City, Town	or Location				10d	I. Insida City Limi
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28	Director	10e. Street and Number			10f. Zip Code		10	g. Citizen of N	What Country	17
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important: if if any injury or once.		21. Signature of Funaral Service Licer	saa		22. Nama and Add	ress of Facility				
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5	3	Nama and address of person who c	omplated ceusa ot da	aath (Item 23e) (Ty	pe, Print)		0	1 1	. /	
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State	3	31 Date filed (Menth, Day, Year)	32 Registra	r's Signature						
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State of Maryland / Department of Health and Mental Hygiene

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Physic /Med Exami	ical	BEIJING 4a. Facility Name (If not institution, give str	- HIU NO	AL		-21	IFNG 4b. City, Town, or L	Month FEBRU cocation of Dee		17,	Year 1997 of Death	2:10P.
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Funeral Director		5. Social Security Number 6. Sex 1/1 N N Usual Residence of Decedent	7. Age	(In yrs. last bir	Yrs. If Ur Mont	ths Days	if Under 24 Hrs. Hours Min.	8. Date of B (Month, D		32		ice (State or Fore y) China
dand ow		10a. Stete 10b. County		10c. City, Tow	m or Location						10	d. Inside City Lim
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or 28	Director	10e. Street and Number			10f.	Zip Code			10g. Citiz	en of W	/het Countr	γ?
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72 mous aner death with the Maryland natural, or frems 23s or 28s-f show disel Examiner must be notified at	by Funeral	11. Maritei Status 12 1 Never Married 2 Merried 3 Widowed 4 Divorced	 Was Decedent Evaluation Armed Forces? 1 ☐ Yes 2 ☑ Notif Yes, Give Year or Dates: 			ecedent of H specify Cube s 2 (1) No	ispanic Origin? (Sp an, Mexican, Puerto Specify:	pecify Yes or N Rican, etc.)	Yes or No., etc.) 14. Race - American Indien, Black, White, etc. Specify: Chinese			tc.
"natural", edical Exe	eted	15. Decedent's Educa (Specify only highest grade of		18a.	Decedent's U	Jsuai Occup	etion	vina	16b. Kin	d of Bu	siness/Indu	ıstry
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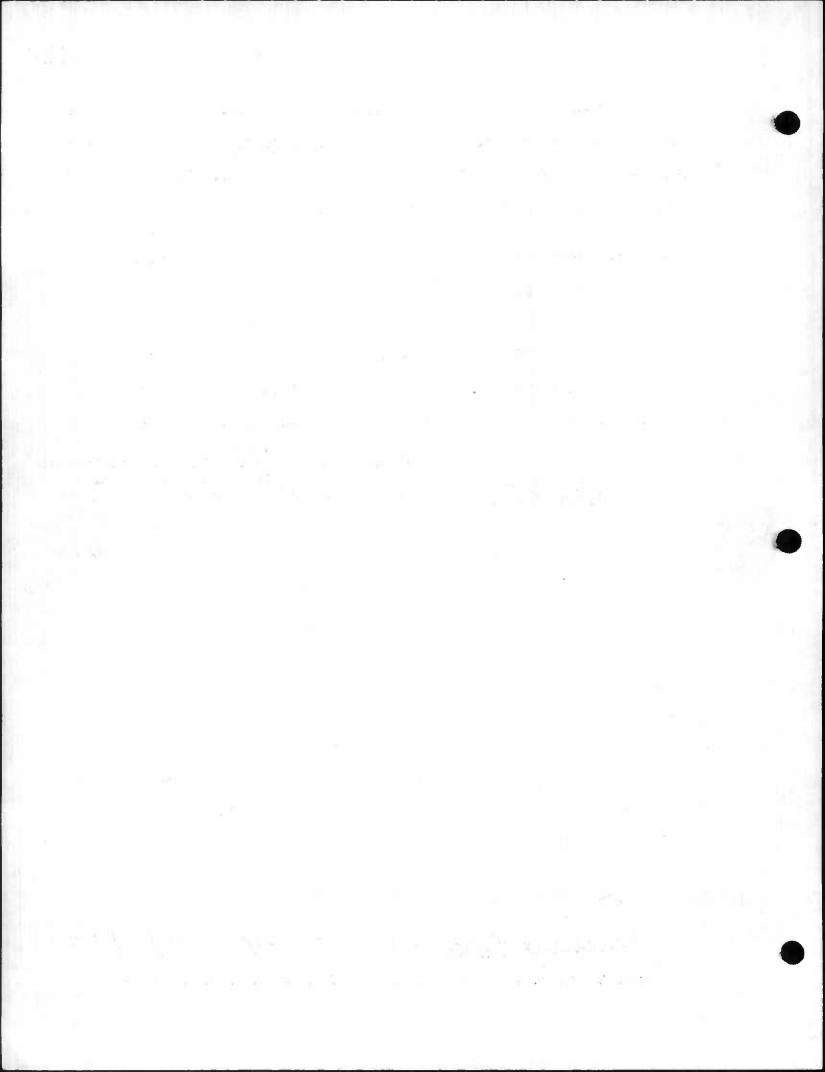
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DIVISION	of a Atter efter dee Director d in by th	ertification:	3 Suicide 6 Could not determine	289. PIECE OF I	Injury - At home, etc. (Specify)	ferm, stre	et, fectory, office			(Street and Numb Town, State)	per or Rural Ro	ute Number,	
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			30. Name and address of person who Michael F. York	completed cause of M.D. 550	deeth (Item 23e)6 Green) (Type, F	rint) ding Rd.	Upper 1	Marlboro	, MD 207	72-7632		

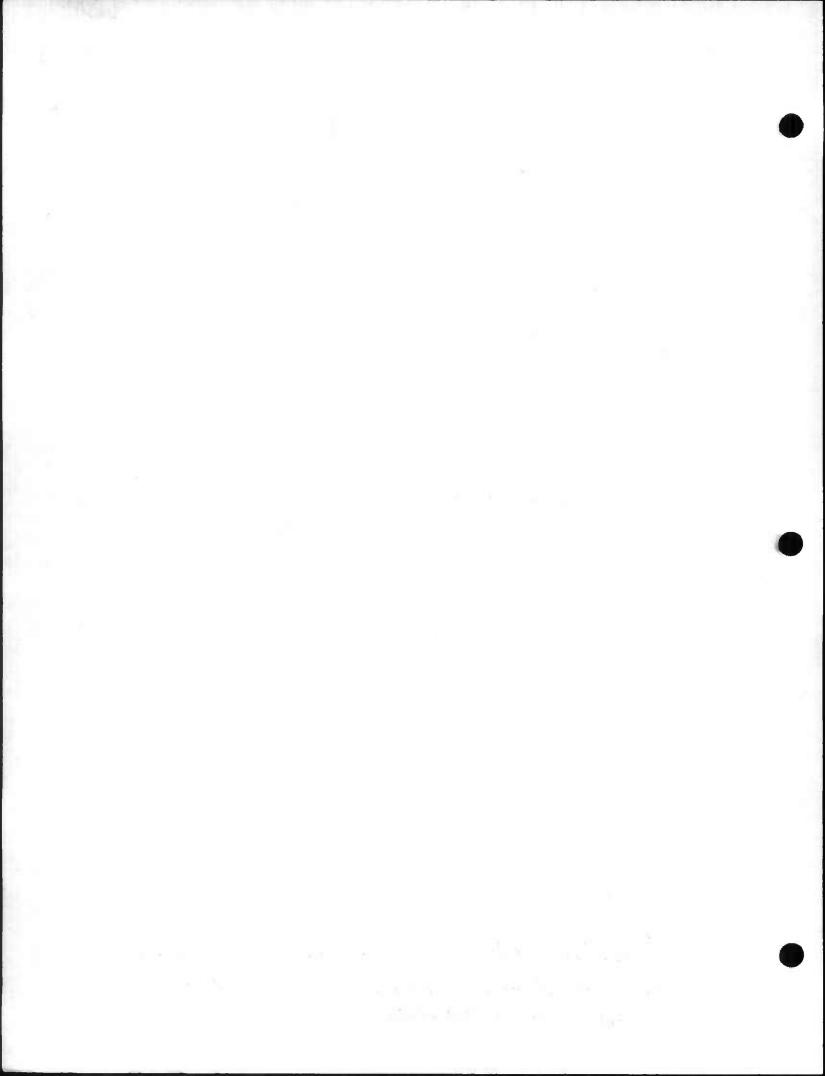
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31. Dete filed (Month, Day; Yeer)



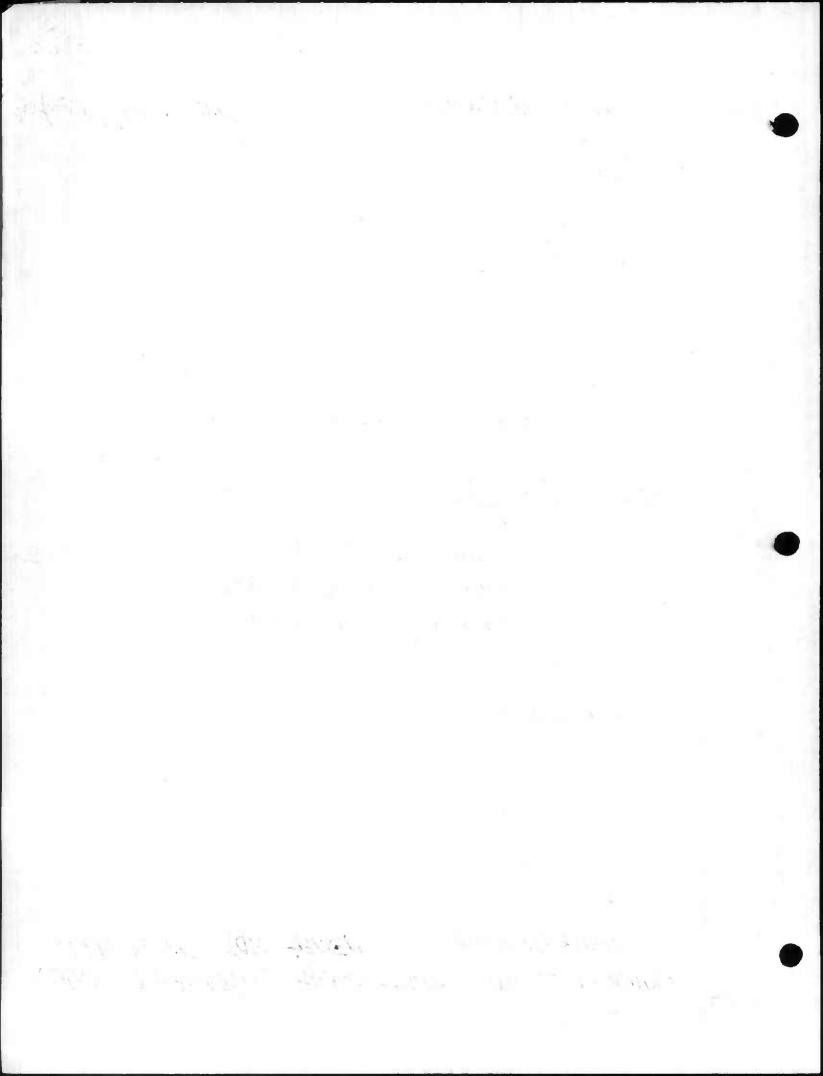
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	Funeral		5. Sociel Security Number	6. Sax 1 ☐ M 2 F	7. Age	(In yrs. last	birthday) Yrs.	If Undar Months	1 Yaer Deys	If Under 2 Hours	24 Hrs. Min.	8. Data of Birtl (Month, Day	h v, Year)	9. Birthpl Coun	laca (State try)	or Foreign
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DIVISION	25.5	Certification:	3 ☐ Sulcida 6 ☐ Could n 4 ☐ Homloida detarmi	ned 28e. Piac	ca of Injur	ry - At homa, (Specify)	farm, str	eat, factory	, office		2	8f. Location (S City or Tow	itreet and Numb n, Stata)	er or Rura	Route Nu	mber,
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	To the Hospital or within 24 hours afte To the Funeral Dir completaly filled in	Me	29b. Signature end title of certifier	Silv ille	Juli	- **		29c	License	number		- 2	29d. Data signe	d (Month, I	Day, Year)	
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Daath 3. Time of Death ALICE **Physician** ARMSTEONG Month (102-bm /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death **Examiner** Howard County General Hospital Columbia Howard 7. Age (In yrs. last birthday) If Under 1 Year If Undar 24 Hrs. 5. Social Sacurity Number Birthplaca (State or Foreign Country) **Funeral** 1 □ M 2 🖾 F Days 557-36-9875 83 Yrs. Director June 7, 1913 Washington, DC Usual Residence of Decedent the Maryland 10a. State 10b County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Medical Examiner must be notified Director 1 X Yas 2 No Maryland Howard Columbia 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? death with 9 238 6187 Satan Wood Dr. 21044 U.S.A. Hems : 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: 11 Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxicen, Puerto Rican, etc.) Race - American Indian, Biack, White, etc. Pages 1 and 2 should be filed within 72 hours after nent of Health and Mental Hygiene. 1 Never Marriad 2 Married "natural", or i Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Completed by Specify: White 3 XWidowed 4 ☐ Divorcad 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry than Elementary/Secondery (0-12) Coilege (1-4or 5+) 200 10 homemaker own home 17. Fathar's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be Edward F. Rowzee Edith Rollins 7 is markac 0 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Department of Health ar Important: If Itam 27 is any injury or other trau Barbara S. Brown/ niece 426 McKinstry Mill Rd. Linwood, MD 21791 20b. Placa of Disposition (Name of cametery, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☑ Cremation 3 ☐ Removal from State Carroll Cremation, 2/1/97 Hampstead, MD 4 ☐ Donation 5 ☐ Othar (Specify) Inc. 22. Name and Address of Facility. Hartzler Funeral Home 21. Signature of Funeral Service Licans New Windsor, MD arine Pert Lenter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** CARDIAL ARREST Immediate Causa (Final diseasa or condition resulting In death) /Medical Examiner AUTE MYCCARDIAL INFARCTION Physician/Medical Examiner or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last bunial-tran P.O. Box 68760. Part ii. Other significant conditions contributing to death but not rasulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, ģ Completed 24b. Were autopsy findings available prior to 24e. Was en autopsy performed? complation of cause of death? this certificate has 1 Yes 20 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) Hospitai: Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Deeth 1 D Naturai 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred After t 5 Pending investigation To the Hospital or Attendition 24 hours after death.

To the Funeral Director: A completely filled in by the fo death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 ☐ Suicide 28e. Place of Injury - At home, farm, straat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homleide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at tha time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred at the time, dete and placa, end due to the cause(s) and manner stated. Medical (Check only one) 29b. Signeture and title of-cartifier 29c. License number 29d. Data signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 32. Registrar's Signature 31. Date filed (Month, Day, Year) John Davelor Radall Registrar



State of Maryland / Department of Health and Mental Hygiene 97 05 123

											Reg. No.			
Physici		Decedent's Name (First, Middle, Last)						2. Date of Deeth Month Day Year			3. Time of Deeth			
/Medi				GEORGE	A. A	QUILLA				JAN. 3	0, 19		11:35 AM	
xamiı	ner	4a. Facility Name (If not institu	ition, give street en	d number)			4	4b. City, To	wn, or Loc	ation of Deeth	4c. Count	ty of Death		
<u> </u>		761 MEDINAH	CIRCLE 6. Sex	1 =		1841-4	1 1/4		TMIN			ARROL	L	
eral tor		5. Social Security Number 578 18 6828	7. Age (In yrs. last birthday) If Under 1 Yea 7. Age (In yrs. last birthday) Months Deyr				If Under: Hours	Min.	8. Date of Birtl (Month, Day 12/15/	of Birth th, Day, Year) 15/1923 9. Birthplace (State or Country) WASHINGTON				
	al Director	Usual Residence of Decedent 10a. State 10b. Cour		10	c. City, Towr	or Location							10d. Inside City Limit	
al', or items 23a or 28a-f show Exercises must be notified at		MD.		WESTMINSTER								1 X Yes 2 □ N		
		10e. Street and Number		10f. Zip Code				10			0g. Citizen of What Country?			
		761 MEDINAH CIRCLE			21158								U.S.A.	
	by Funeral	11. Maritel Status 1 □ Never Married 2 ☑ M 3 □ Widowed 4 □ Divorce	Arme	12. Wes Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Year or Dates;		13. Was Decedent of Hispenic Origin? (Specify If Yes, specify Cuban, Mexican, Puerto Ricat 1 ☐ Yes 2 █ No Specify:			cify Yes or No- lican, etc.)	No- 14. Race - American Indian, Bleck, White, etc. Specify: WHITE				
	Completed	15. Deced	dent's Education	cation 16a. Decedent's Usuel			el Occup	I Occupation			16b. Kind of Business/Industry			
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		20e. Method of Disposition		2	0b. Place of	Disposition (Nen	me of			Dete	20c. Location	- City or T	own, Stete	
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DHMH 16 Rev 6/95

State

Registrar

31. Dete filed (Month, Day, Year)

FEB 03 1997

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	1 2		Decedent's Name (First, Middle, Las	£	·	Certifica		Death		Reg. No.	1 0	3. Tim 10 th	
	Physic /Medi		WILLIAM R. ADDINGTON						Month 2	6 Dey	97	7:57AM	
25	Exami	ner							City, Town, or Location of Death 4c. County of Death				
	Funeral Director		717-01-4024	8X 7. Å X M 2□ F	2□ F 7. Age (In yrs. last birthday) 85 Yrs.		der 1 Year ns Deys	Berlin If Under 24 Hrs Hours Min.		Worcester th y, Year) 9. Birthplet Country		ca (Stata or Foreign Ohio	
and	Daltimore, Maryland Z1Z15-UUZU semit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Haelih and Mental hygiene. mportant: If item 27 is marked other than "natural", or items 23a or 28a-1 show may injury or other traumatic event, the Modeal Example must be notified at Date.	To Be Completed by Funeral Director	Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town								10	Od. Inside City Limits	
Mary			MD Worcester Berlin					1 ☐ Yes 🏖 No					
h with the			10e. Street and Number 27 Sloop Lane			10f. Zip Coda 21811				10g. Citizen of What Country?			
020 ours after deat			11. Marital Status 1 Nevar Merriad 2 Married 3 Widowed 4 Divorced 12. Was Decedant Armed Forces? 1 Yes, Sive Yeer or Datas:		If Yes, specify Cub			ispanic Origin? (S n, Mexican, Puart Specify:	pecify Yas or No o Rican, etc.)	No- 14. Race - Amarican Indian, Black, White, etc. Specify: white			
vithin 72 h			15. Decedent's Edi (Specify only highest grad Elementery/Secondery (0-12)	5+)	16a. Decedent's Usual Occupation (Giva kind of work done during most of wor life. DO NOT use retired) Specialist			16b. Kind of Business/Industry Insurance Co.					
be fied	nd Mental Hygiene. merked other than imatic event, the M		17. Father's Neme (First, Middle, Last)	3		Speciali		18. Mother's Nar					
ryla hould	and Mental is marked or umatic eve		Alva Addington 19a. Informant'a Name/Relationship (T.	inna (Paint)	100	No. A Relificación de calente	(01	Clara		- A'- T	0	0.11	
, Ma			Alice N. Addingt					ean Pine			21811	Code)	
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Balt Permit.	Department of important: If i any Injury or once.		21. Signature of Funeral Service Licens	M007	gif	3.54.2			Burbage		Hom	ie	
) / E:	nysician Med i cal kaminer	edical Certification: To Be Completed by Physician/Medical Examiner	108 Williams st. Berlin, MD 21811 238 and Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrast, Interval Batween Onset and Death Immediate Cause (Final disease or condition rasulting in death) Due to (or as a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of):									Intarval Batween	
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To the Hospital	within 24 hours To the Funeral complately filled		29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and dua to the cause(s) and mannar as steted. Check only one) Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and dua to the cause(s) and mannar as steted.								eted. the cause(s)		
Toth	To the comple	M	29b. Signature and tittle of certifier		29c. Licansa number 3 6 7 8 3				29d. Date signed (Month, Day, Year)				
,		12	30. Name and address of person who co	ompleted case of	deeth (Item 23a)	(Type, Print)	<u> </u>	PRIM	c 5	Prisign	ML	but	
	Sta Registr		31. Date filed (Month, Dey, Year) FEB 0 7 199	7 32. Regist	rar's Signeture	Rondo II	-	•				21801	

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day Yaar February 2, 1997 Bickel Ann 6:45 am 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Lorien Nursing Home Columbia Howard If Undar 1 Yaar | If Undar 24 Hrs. | Months | Davs | Hours | Min. | 8. Date of Birth (Month, Day, Year) May 24, 1932 7. Age (In yrs. last birthday) Birthplace (State or Foraign Country) Months Hours Days 1 ☐ M 2 🖫 F Vre 64 Washington, D.Q 10b. County 10c. City, Town or Location 10d. Insida City Limits Prince George Laurel 1 Yas 2 No 10f. Zip Coda 10g. Citizen of What Country? 20707 6004 Maple Terrace U.S.A. 12. Was Dacedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, apecify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, atc. 1 ☐ Yes 2 🕱 No If Yes, Give Year or Dates: 1 Never Married 2 Married 1□ Yes 2☑ No Specify 3 ☐ Widowed 4 ☐ Divorced white 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Eiementary/Secondary (0-12)
Grade II College (1-4or 5+) Personnel Supervisor U.S. Govt. Dept. of Def 17. Father's Nama (First, Middle, Last) 18. Mother'a Name (First, Middle, Malden Surneme) Arthur D. Daniel Louise Pumphrey 19a. Intormant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) daughter 313 A Ninth Street Laurel, Maryland 20707 20b. Place of Disposition (Nema of cemetery, cremetory or other place) 20c. Location - City or Town, Stata Feb 6, 1 ☐ Burial 2 ☑ Cremation 3 ☐ Removal trom State 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory Inc. 1997 Catonsville, Md. 21. Signature of Fluneral Service I 22. Name and Address of Facility Donaldson Funeral Home, P.A. 313 Talbott Avenue Laurel, Maryland 20707 e, of complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, that only one cause on each ine. Approximate Intarval Between Onset and Death Cirrhosis 6 mouths Due to (or as a consequence ot): Due to (or as a consequence of): Due to (or as a consequence of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Dtd tobacco use contribute to the cause of death? 3 Probably Unknown 1 Yee 2 No 24a. Was an autopsy performed? 24b. Were autopsy tindings available prior to completion of causa of death? 1 Yes 2 No 25. Was case reterred to medical 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 28e. Place of Injury - At home, tarm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) Certifying Phyatcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. Licensa number

D0050973

Columbia

Md

29d. Date signed (Month, Day, Year)

21045.

altimore, Maryland 21215-0020 **Physician** Records, P.O. Box 68760.

Physician

/Medical

Examiner

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Madical Examiner must be notified at

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permit. Pages 1 and 2 should be file Department of Health and Mental Hy, Important: If Item 27 is marked other any Injury or other traumatic event, and

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Physician/Medical

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Completed

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Certification:

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27. Manner of Death

1 Natural

2 Accident

3 Sulcida

29a. Cartifier

4 | Homicide

(Check only one)

29b. Signature and title of certifier

CHERIAN

1 Yes 2 No

death with the Manyland

filed within 72 hours after

Pegav

10a State

Directo

Funeral

þ

Completed

5. Social Security Number

579-40-0999

Maryland

10e. Street and Number

Anne Bickel

20a. Method of Disposition

Immediate Cause (Final

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last

disaasa or condition rasulting in death)

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Usual Rasidance of Decedent

Examiner certificata be axecuted Division of Vital Attending death. Hospital c

physician and the burial-transit 88 attending p been signed by the a should be detached has certificata this funeral Aftar after death Director: filled in by tha To the Hospital within 24 hours a To the Funeral D completaly

15

State Registrar

31. Date tiled (Month, Dey, Year) 32. Registrar's Signature FEB 0 5 1997

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Knoll North

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

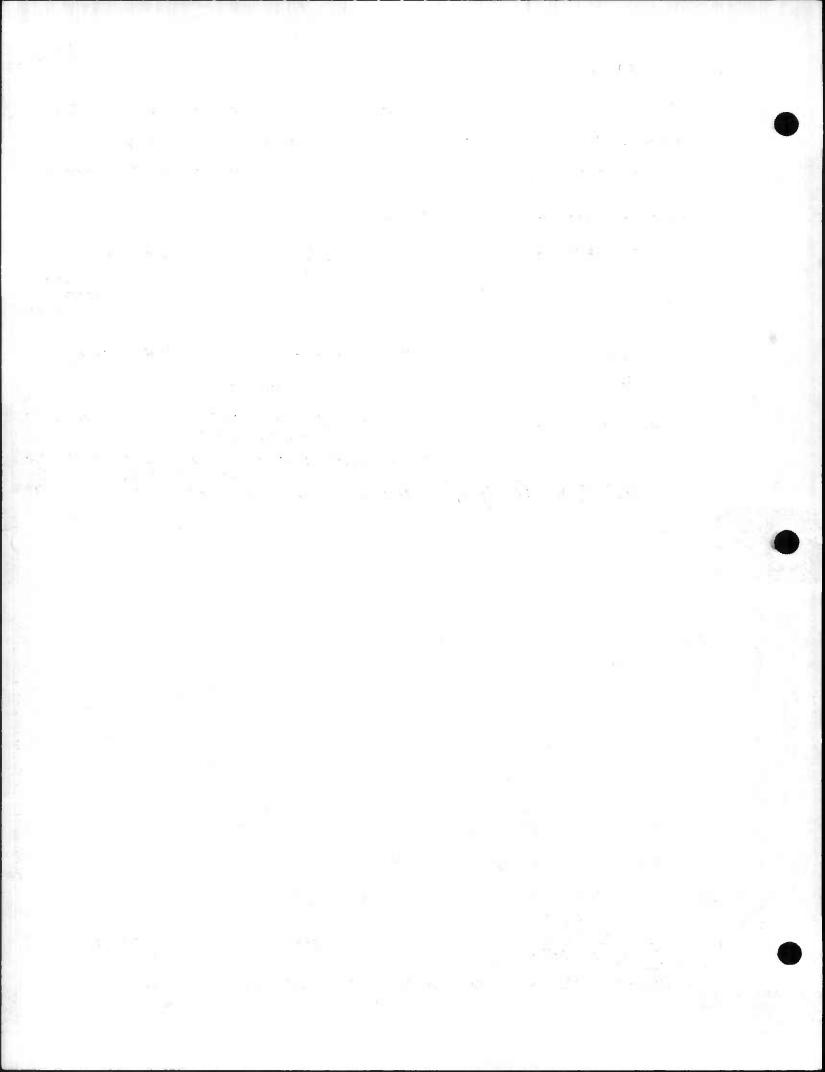
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State of Maryland / Department of Health and Mental Hygiene

Item 2 per PHY Film G747 5-7-97 rja Certificate of Death 1. Decedent's Name (First, Middle, Last) 1997 2. Date of Death 3. Time of Death Day **Physician** Feb 06. 1996 Belew /Medical 3:10pm 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Physicians Memorial Hospital La Plata Charles | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Aug 19 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 9. Birthplace (State or Foreign Year) 1 M 2 XF 1927 Tennesse Yrs. Director 69 244-36-1117 Usual Residence of Decedent the Maryland 10a. State 10c. City, Town or Location ed other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at 10d. Insida City Limits Maryland Charles 1 Yas 2 No Waldorf Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 6702 Rabbit Court 20603 United States ss 1 and 2 should be filed within 72 hours after death of Health and Mental thygiene.
Item 27 is marked other than "natural", or thems 23, item other traumatic event, the Medical Exercise re-Funeral 14. Race - Amarican Indian. Black, White, etc. White Was Decedent Ever in U.S. Armed Forces? 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☒ No If Yes, Give 1 Never Marriad 2 Married Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify American þ 3 Widowed 4 □ Divorced Year or Datas: Indian Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 9th School Systems Food Service 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be Unknown Rosa Lowe 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Peges 1 and 2 st Depertment of Health and Important: If item 27 is m any injury or other traun once. 6702 Rabbit Court, Waldorf, Maryland 20603 Bonita J. Stokes Baltimore, 20b. Place of Disposition (Name of cemetery, cremetory or other place) Feb 10, Date 997 20c. Location - City or Town, State 20a. Method of Disposition XX Burial 2 Cramation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Mountain Plain Cemetery Mechumes River, Va 21. Signatura of Funeral Sarvica Licensee 22. Name and Address of Facility Lee Funeral Home, Inc 6633 Old Alexandria Ferry Rd, Clinton, Md 2073 Part 1. Phier the disease, or complications that raused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause or each line. Approximate Intervel Between Onsat and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting In deeth) Examiner Cardiovaxular Disease Examiner or Attending Physician: The law requires that the death certificate be executed effer death.

Director: After this certificate has been signed by the ettending physician end the burial-trensit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Lest Due to (or as a consequence of) pue Division of Vital Records, P.O. Box 68760, ettending physician Physician/Medicai Due to (or as a consequence of): for use es Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yee 2 ☐ No 3 ☐ Probably Unknown þ should I 24b. Were autopsy findings available prior to completion of causa of death? Completed 24a. Was an autopsy performed? this certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical Be 28. Place of Death (Check only one) Hospital: 1 ☐ Inpatiant 2 ☑ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) Certification: To 27. Menney of Death 28a. Date of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 24 hours eff Funeral Di letely filled in Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and plece, end due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at the time, date and place, and dua to the cause(s) and manner stated. 29a. Certifier Medical To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signature 29c. License number 29d. Date signed (Month, Dey, Year) 9 ess of person who completed cause of death (Item 23a) (Type, Print) D-46419 CHARLENE LETCHFORD MD 700 OLD LINE CENTER SUITE 100 WALDORF, MD 31. Date filed (Month, Day, Year) State FEB 1 Registrar



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State of Maryland	Department of Health and Mental Hygiene	
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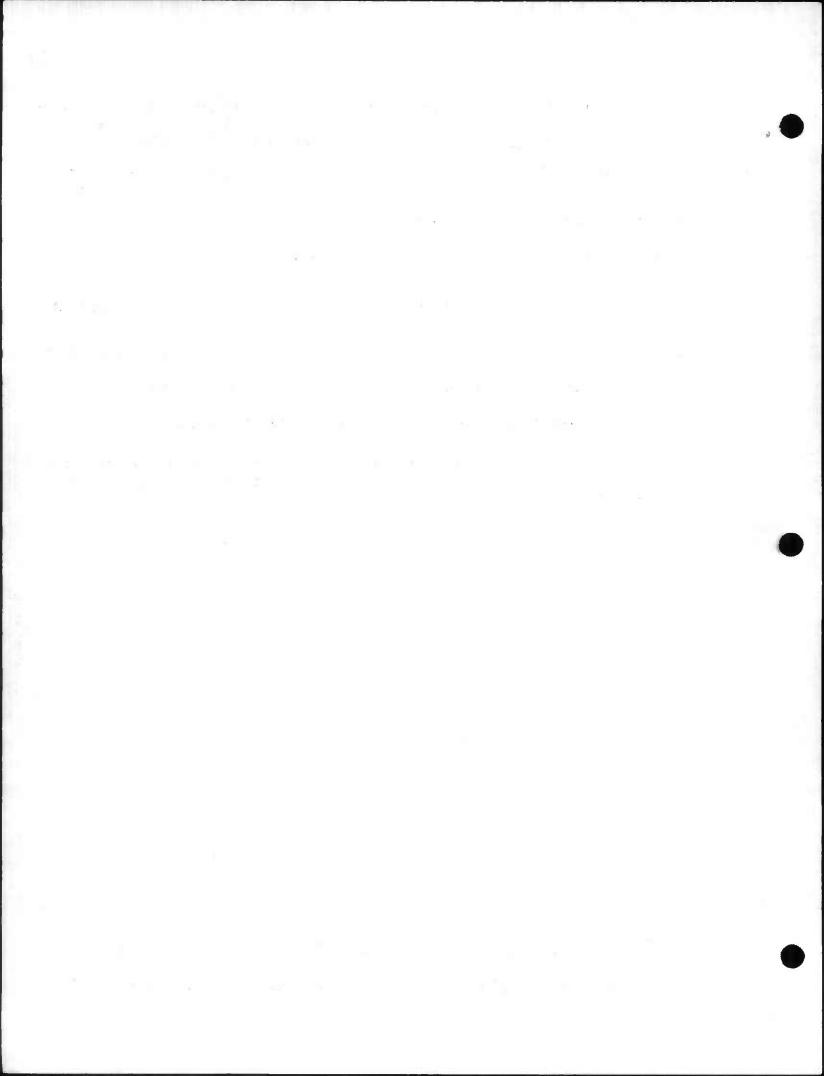
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	Exami		4e. Facility Name (If not Institution, give	street and number)				4b. Ci	ty, Town, or L	ocation of Deeth	4c. County	of Death	
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	Funeral Director		5. Social Security Number 6. Se 499–30–3973	7. Age	(In yrs. 6	last birthday) 7 Yrs.	If Under 1 Months		Inder 24 Hrs. burs Min.	8. Date of Birth (Month, Day, 1) APRIL 14	(ear) , 1929	Cour	lace (State or Foreign stry) SOURI
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n C	After funer	lon	27. Manner of Death 1 ☑ Natural 5 ☐ Pending	28a. Date of Injury (Month, Day	Year)	28b. Time o Injury		lc. Injury at Work?	0.00	28d. Describe how	v Injury occurre	ed	
Sic	death death tor: / the	Icat	2 Accident Investigation 3 Suicide 8 Could not be	200 Plane of fair	a. At ha		M	1 Yes	2 🗆 No	29f Location /Ctm	at and Alumbu	or or Dure	I Pouts Alumber
Division of Vital	or Attending after death. Director: After d in by the fune	ertification:	4 ☐ Homicide determined	28a. Place of fnju building, etc.	(Specify	me, rarm, su	eet, factory,	οπισε		28f. Location (Stre City or Town,		er or Hura	r Houre rrumper,
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical C	29a. Certifier (Check only one) Check only one) Check only one) Check only one	sician: To the best of lner: On the basis of end manner stet	examinat	viedge, deati ion and/or in	n occurred a vestigation, i	t tha time, da In my opinion	ta and placa, , death occur	and due to the cau red at the time, dat	use(s) and ma e and place, a	nner as si and due to	ated. the cause(s)
	Vithi To th	×	29b. Signature and title of certifier	,			29c.	Licensa num	ber	290	d. Date signed	(Month,	Day, Year)
			I am mile	reman "			0.	1278	2	F	EB. 6,	199	7
			30. Name and address of person who co	ompleted cause of de	ath /Item	23a) /Tune	Print)		3-0				

State Registrar

ARON W. BERKMAN, M.D.

31. Date filed (Month, Day, Year)

FEB 0 6 1997 3001 SOUTH HANOVER STREET BALTIMORE, MARYLAND 32, Registrar's Signature



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month HELEN BELINKO 1997 12:01AM FEBRUARY /Medical c. County of Death 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth Examiner Long View Nursing Home Manchester Carroll 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** 1□M 2⊠F Deys 80 Yrs. Director 189-05-1430 April 29, 1916 PA Usual Residence of Decadent the Marylend 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits 28a-f show other traumatic event, the Medical Examiner must be notified at MD Carroll Manchester Director 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 6 3332 Main Street 21102 United States or items 23a Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status filed within 72 hours efter 1 ☐ Never Married 2 € Married 1 Yes 2 No
If Yes, Give
Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify. by Specify 3 ☐ Widowed 4 ☐ Divorced "natural", White Completed 15. Decedent's Education (Specify only highest grade com, 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7. Department of Health end Manlel Hygiena. Important: If item 27 is marked other than "na any injury or other traumatic event, the Manne once. completed) Elementary/Secondery (0-12) College (1-4or 5+) teacher's aid School 11 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be Michael Ritz Mary Leboida 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Joseph B. Belinko, husband 1267 Beggs Road, Westminster, MD 21158 20b. Place of Disposition (Name of cametery, cremetory or other place) 2/6/97 20c. Location - City or Town, State 1 ☑ Burlat 2 ☐ Cremation 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) Lakeview Cemetery Eldersburg, MD 21. Signature of Funeral Servica Licansee 22. Name and Address of Facility Home & Chapel 412 Washington Rd., Westminster, MD 21157 Karreine Prets - Sweitser 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shook, or heart failure. List only one ceuse on each line. **Physiclan** Cerebral Varadar accident (recurrent /Medical Immediate Ceuse (Final disease or condition resulting in death) **Examiner** ettending physician and for use as the burial-transit Hospital or Attending Physician: The law requires that the death certificate be assecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initieted events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760, Physician/Medical Due to (or as a consequence of): signed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 1 terras Records, þ 24b. Were autopsy findings available prior to completion of cause of death? Be Completed 24e. Wes en autopsy performed? 2 No 1 ☐ Yes 2 ☐ No Division of Vital filled in by the funeral director, 25. Was case referred to medicat 28. Place of Death (Check only one) Hospital: 2010 Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 27. Manne of Death 28e. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending investigation 1 DNeturel death. 1 Yes 2 No To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completaly filled in by the fi 2 Accident 3 Suicide 6 Could not be determined Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stete) 4 \ Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(s) and manner as stated.

2 Medicat Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and pieca, end due to the cause(s) and manner stated. edical 29a. Certifier 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 002386 Airst MANChester, Md 21102 30. Name and address of no completed cause of death (Item 23a) (Type, Print) FOA

32. Degistrar's Signature

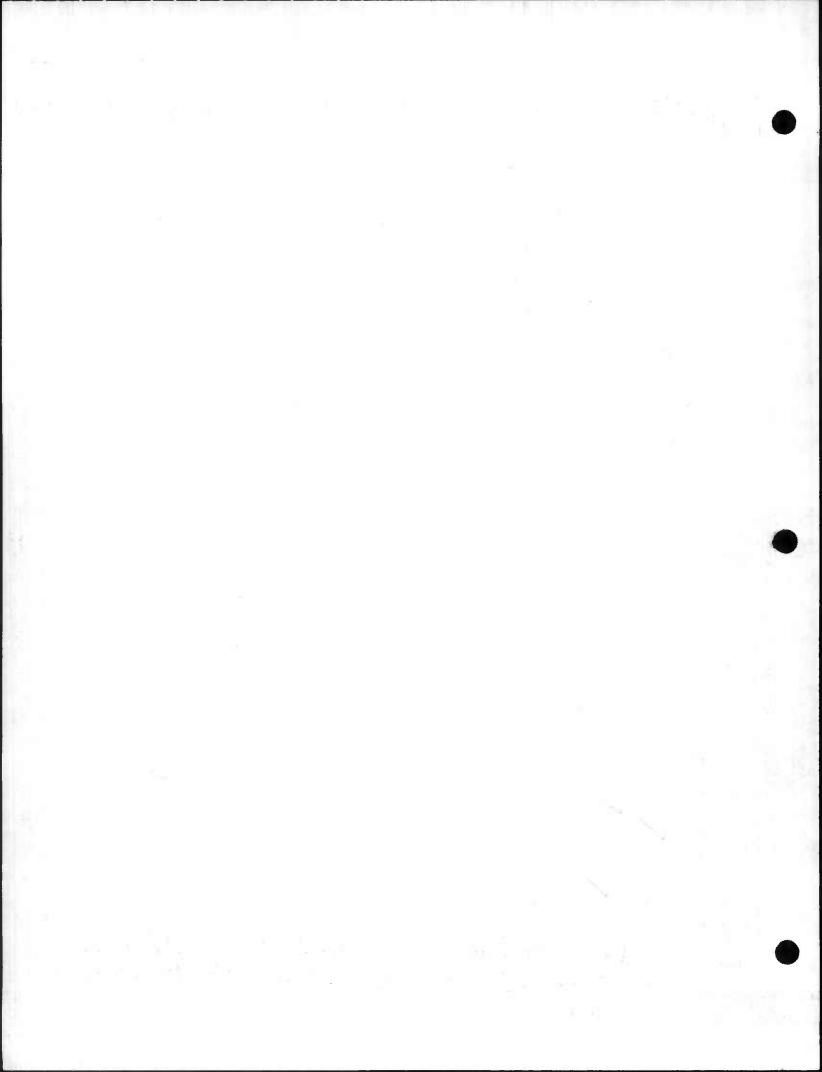
DHMH 16 Rev 6/95

State

Registrar

31. Date filed (Month, Day, Year)

FEB 05 1997



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIF	ICATE (OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	AY YEAR	3. TIME OF DEATH
		Barthel					9 1997	
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)	8. BH	RTHPLACE (State or Foreign untry)
	215-05-2981		79 YRS.			Mar 13,19		ryland
_	9e. FACILITY NAME (If not institution, give				WN OR LOCATION OF DE	EATH	9c. COUNTY O	
5	4021 Black Rock	Road		υĽ	perco		Balt	imore
DIMECTOR	10e. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR L	DCATION	-		10d. INSIDE CITY
5	Maryland Bal	ltimore			Upperco			1 YES 2 NO
AL.	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
	4021 Black Rock	Road			2	21155	Ţ	JSA
5	11. MARITAL STATUS	12. WAS DECEDENT EVER			DECENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No — 14. R	ACE — American Indian, lisck, White, stc.
	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YE			YES 2 NO Specif		100	white
	15. DECEDENT'S EDI	5/23/42 -	8/31//0 16s. DECEDENT'S	Hellar occur	DATION .	16b, KIND OF BU	CINICOS (INICIIETE	
	(Specify only highest grad	e completed)	(Give kind of v	work done durin	g most of working	166. KIND OF BU	SINESS/INDUSTR	*
COMPLE	Elementery/Secondary (0-12)	College (1-4 or 5 +) 4	OFFI			U.S. P	Air Ford	e
2	17. FATHER'S NAME (First, Middle, Last)	-1			18. MOTHER'S NA	AME (First, Middle, Meiden	Surname)	
	Robert Barthel				Caroli	ne Coulbou	ırn	
N N	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	eet end Number or Rural	Route Number, City or Tow	rn, State, Zip Code,)
2	Helene Barthel		4021	Black	Rock Rd,	Upperco, M	1D 21155	5
	20e. METHOD OF DISPOSITION 1 □ Buriel 2 ☆ Cremation 3 □ Ren		Ob. PLACE AND DATE			DATE 20c. LO	CATION - City o	r Town, State
	4 Donation 6 Other (Specify)	TOVELLION STATE	cemetery, crematory or o	Cremat	ions	1/30 Ha	mpstead	l, MD
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /	70	22. NAN	E AND ADDRESS OF FA	Eline	Funera	al Home
	* Steves	10010	dine	93	4 S Main S	St, Hampste	ead, MD	21074
	23. PART I. Enter the diseasea, or			not enter the	mode of dying, suc	ch as cardiac or reap	fratory arrest,	Approximate
	ahock, or heert failure. iMMEDIATE CAUSE (Finei	. List only one cause on						Interval Between Onset and Death
	disease or condition	PR-IN	MARY 6	BRAIN	LAMEL			IMONTA
	reading in death)	DUE TO (OR A	S A CONSEQUENCE O	F):				
Z	Constitution and the second	b						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE O	F):				
3	CAUSE (Disease or injury	C	S A CONSEQUENCE O	D:				
	that initiated events resulting in death) LAST	552 10 (511 %	a x outracopertoe o	. ,.				į
		d						
_	PART ii. Other algolificant condition	na contributing to death	h but not resulting	in the under	lying ceuse given in	Part I. 24e. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
DICA						1 YES :	2 3416	COMPLETION OF CAUSE OF DEATH?
								1 YES 2 NO
ž	DID TOBACCO USE CON	RIBUTE TO CAUSE				N 🗷		
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26, PLACE OF DEA	OTHER:				
Z Z	1 TYES 2 THO	1 Inpetient 2 ER/0			Homa 5 Reeldenca			
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJUF (Month, Day, Yea		JURY	WORK?	28d. DESCRIBE HOW	INJURY OCCURE	0
B	2 Accident Investigation		JRY At home, farm,			28f. LOCATION (Street	and Number or Ri	ural Boute Number
8	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (S		adden, rectory,	onice .	City or Town, State)	ser route marion,
COMPLETED	29e. CERTIFIER							
M	(Check only	SICIAN: To the bast of my kr						and and manage of stated
5			mion end/or investigati	on, in my opin				use(s) and menner as stated.
8E	29b. SIGNATURE AND TITLE OF CERTIF	to a Pini			29c. LICENSE NU	IMBER	29d. DATE SIG	NED (Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON W	ma chapter of the or	DEATH (ITEM AT) CE-	- Printl	13/7 7/	7	1/3	717
	MILHARL P	VATELI JA	^	1940	ENTER	Ave BA	L7, MORE	nd 21042
	FEB 05 19	97 Java dans	GNATURE CONTRACTOR					

State of Maryland / Department of Health and Mental Hygiene 97 05 130

						Cen	tificate of	Death		F	Reg. No.		
			1. Decedent's Neme (First, Middle, La	ist)						2. Dete of Dea		W	3. Time of Death
	Physic /Medi			JOSEPH	LERO'	Y BRO	NWC			FEB.	Dey 1. 199	Year 7	11:00 A
	Exami		4e. Facility Name (If not Institution, given	re street and number)				4b. City, To	own, or Lo	ocation of Deeth			
	Exami		75 SOUTH CENT	ER ST.				MES	тмт	NSTER	CA	RROL	т
	Funeral				(fn yrs. fast	birthday)	If Under 1 Year	If Under	24 Hrs.	9 Date of Birt			lece (State or Foreign try)
п	Director		214-28-0336	MOM 2OF	67	Yrs.	Months Deys	Hours	Min.	6/12/	1929	MAR	YLAND
Н	D		Usuel Residence of Decedent					1		07.27		11111	LEMINE
	ylan		10e. Stete 10b. County		10c. City, T	own or Loc	ation					1	0d. Inside City Limits
	Mar Mar	to	MD. CARRO	LL	WE	STMI	NSTER						1 → Yes 2 □ No
	1 284	Director	10e. Street and Number	1.			10f. Zlp Code				10g. Citizen of	Whet Cour	itry?
	3a o	0	75 SOUTH CENT	ER ST.				21157			USA.		
	a within 72 hours effer deeth with the Manyand jiens. r than "natural", or ferma 23a or 28a-f show the Modical Examiner must be notified at	Funeral	11. Marital Status	12. Was Decedent E	ver in U,S.	13. W	es Decedent of I Yes, specify Cub			ecify Yes or No-	14. Rac	e - Americ	
0	r he	F	1 Never Merried 2 Married	Armed Forces? 1 ☐ Yes 2 💆 No	0					Rican, etc.)		ck, White,	
21215-0020	urs e	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:		1	☐ Yes 2X No	Specify			Specif	AMER	-NEGRO
9	2 ho	Completed	15. Decedent's E	ducation	1	6e. Decede	ent's Usuel Occu	pation			16b. Kind of B		
215	within 7 ena. than "n	ple	(Specify only highest gra Elementery/Secondary (0-12)	ade completed) College (1-4or 5+		(Give k	ind of work done O NOT use retire	durina mos	st of work	ing		, ,	
21	with jiena.	E	12	College (1-401 5+		OTUA	TECHNI	CIAN			AUTOMO	BILE	REPAIR
	be filed tal Hygie d other event, ti	Bec	17. Father's Neme (First, Middle, Last)				18. Moth	er's Neme	e (First, Middle,	Maiden Sumer	ne)	
a	D = D =	To B		OSCAR BR	OWN				DO	OROTHY	LEW	IS	
ary.	2 should and Men a marke sumatic	-	19a, Informent's Neme/Raletionship (Type, Print)	1	9b. Mallino	Address (Street	t end Numb	er or Run	al Route Numbe	r. City or Town	State. Zio	Code)
Ž	A. 6 8 3		IRENE BROWN	- WIFE			BISHOR						21157
စ်	of Health of Hea		20a. Method of Disposition	WILL	20b. Piece	of Dispos	ition (Neme of		, ,,,,	Dete	20c. Location		
2	Pages nent of I nrt: If Ite		1X Burial 2 ☐ Cremetion 3 ☐			-	etory or other ple LE CEME		5	/8/97	SYKESV		
Baltimore, Maryland	it. P		4 Donation 5 Other (Special 21. Signature of Funeral Service Licer		DOM				1				•
Ba	permit. Pages Department of Important: If I any injury or		21. Signature of Punetal Service Lion	1000	1		Name end Addre		. Fl	LETCHE			
			11 Jan /en	Klings	/							R, M	D. 21157
b			23a. Part1. Efter the disease, or com shock, or heart failure. List only	plications that caused to one cause on each line	the death. D	Do not ente	r the moda of dyl	ing, such as	cardlec	or respiretory en	rest,		Approximete Interval Between
	Physician		550 16							2	11		Onset end Deeth
1	/Medical Examiner		tmmedlete Causa (Final disease or condition	. 500	$dd\epsilon$	n	Caro	dia	C	Dea	th	i	SMIL
п	LAGITHTE		resulting in deeth)	. Suc	Due to (or es	e consequ	ence of):	,					
	P #	ine	_	Athero	scles	votic	Care	diou	usc	dar	Dise	50	1 year
	acute and trans	Eam	Sequentially list conditions,	D	ue to (or es	a consequ	ance of):						
Ö,	e ex	E I	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury									1	
68760,	entificate be executed ling physician and se es the buriel-transit	/Medical Examiner	thet initiated events resulting in death) Last	CD	ue to (or as	a consequ	ence of):						
	ng pl	Mec										- [
ŏ	0 23		•	d								1	
0	0 0 2	Physician	Pert II. Other significant conditions of	ontributing to death but	not rasuitin	g in the une	derlying cause gi	ven In Part	l.	23b. Did t	obacco use co	ntribute to	the cause of death
0.0	The law requires that the te has been signed by the page 2 should be detache	hy								101	(es 2□ No	3 Prol	oably 4 Donknow
	s tha	by F											
Records,	v require been sig should b	B								24a. Was		24b. W	ere autopsy findings allable prior to
ပ္ပ	w requ	let								репо	med?	co	mpletion of cause
Re	he law e has age 2	Completed								1 D Y	es 2 No]Yes 2□ No
ā		Ü	25. Wes case referred to made at					00 Di-					J 195 Z L 190
5		o B	examiner?	Hospitel:			Ott	her		h (Check only or			
ō	Phy this raid		27. Menne of Deeth	1 tnpatian	-	Outpatient b. Time of	3D DOW	4 🗆 14		me 5 Amesid 28d. Describe h			1)
Division of Vital	Afte	Certification:	1 Neturel 5 Pending	(Month, Day	Year)	Injury	28c. Inju Wo	rk?]Yes 2□		200. 200012011	OW Injury Cook	100	
S	or Attending after deeth. Director: After I in by the fune	Cal	2 Accident investigation 3 Sulcide 6 Could not b	Α		form story		105 2		204 Location /C	tenant and Alumi	har or Dure	/ Doute Number
\geq	after after Direction by	ŧ	4 Homicide determined		y - At home. (Specify)	, tarm, stre	et, factory, offica			City or Tow	n, Stete)	oer or Hura	I Route Number,
	urs a le												
	To the Hospital or within 24 hours after To the Funeral Director completely filled in	edical	(Check only 2 Medical Exar	ysician: To the best of niner: On the basis of a	examination	dge, deeth of end/or inve	occurred at the ti	me, date er opinion, des	oth occurr	end due to the d red et the time, d	ause(s) end make and piece,	and due to	eted. tha ceuse(s)
	To the within 2 To the complet	Med	one)	end mennar state	ed.								``.
	5 1 × 5 0		29b. Signalum and title of certifier	100			29c. Licens			-	29d. Date signe	Month,	Day, Year)
			Cober 6	wholls			039	129	6		4/1	197	
			30. Name end address of person who		ath (ttam 23	a) (Type, P	'rint)	5					
				tminste	2 M	U	211	> /	7				
	Sta	ite	31. Data filed (Month, Dey, Yeer) FEB 05 19	37 Pegistar	s Signature	Parl 11							
	Registi	ar	LER 02 12	191	mades a	and and							

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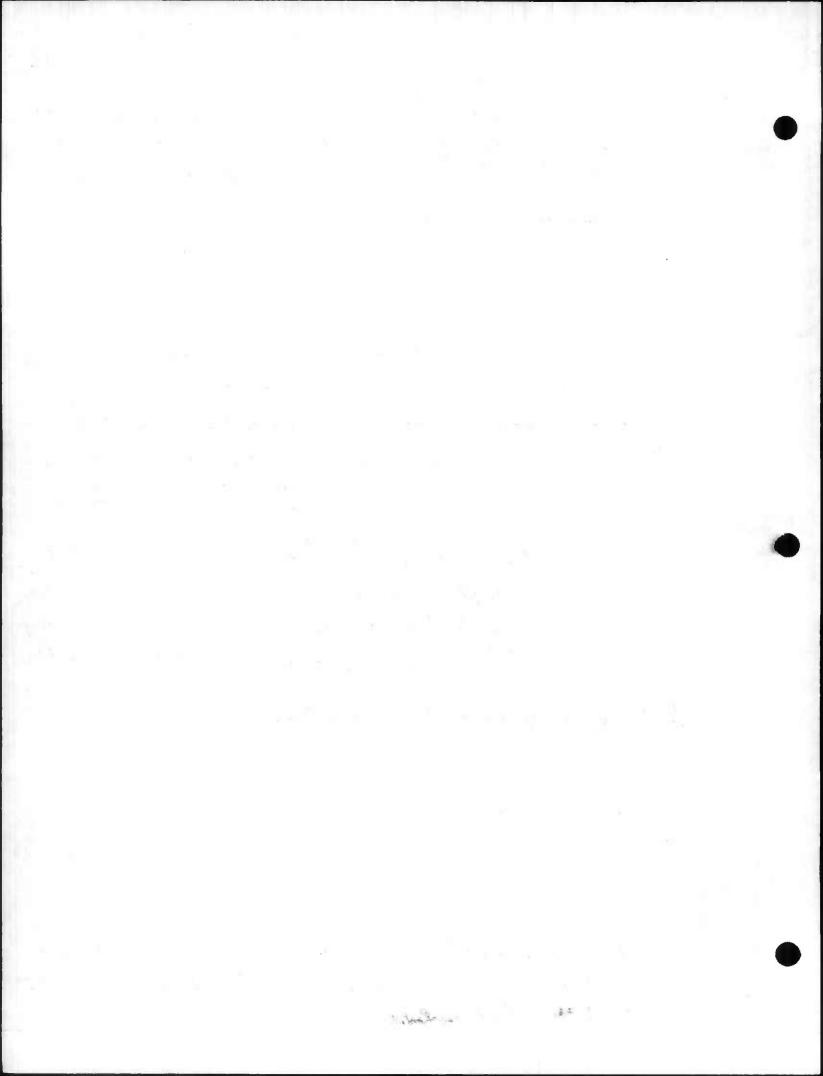
		11	tem 1/ per FH Film G/46 4-U/-9/ rja	Certificate of Death	Reg. No.	
			Decedant's Nama (First, Middla, Last)		2. Data of Death	3. Tima of Death
	Physic /Medi		William Franklin	Bennett, Sr.	Jan. 28, 1997	7:50 AM
	Exami		4a. Facility Nama (If not institution, giva straat and number)	4b. City, Town, or		ath
			3474 American Corner Road	Federa	Isburg Caroli	ne
	Funeral Director		5. Social Security Number 2 1 4 - 1 2 - 5 8 7 1 6. Sax 9 4 7. Aga (In yrs. last b	irthday) If Undar 1 Yaar If Undar 24 Hrs. Months Days Hours Min.	8. Data of Birth 107307 1902 Vie	inthplace (Stata or Foreign Country) nna, Md.
	show at a show	į	Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City, Tot Md. Caroline	mor Location Federal sburg,	Maryland	10d. Insida City Limits 1 ☐ Yas 2 ☑No
	death with the Marylend ms 23a or 28a-f show	Funeral Director	10e. Street and Number	10f. Zip Coda	10g. Citizan of What C	
	23a	Ta I	3474 American Corner Road	21632	U.S.A.	
020	hours efter dea urst', or items	by	11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Divorced 12. Was Decedant Evar in U,S. Armed Forcas? 1 Navar Married 2 Married If Yas, Siva Yaar or Datas:	13. Was Decedant of Hispanic Origin? (S if Yas, specify Cuban, Maxican, Puart	pecify Yas or No- lo Ricen, atc.) 14. Race - Am Black, While Specify:	
21215-0020	within 72 ana. than *nat	Completed	15. Decedant's Education (Specify only highast grada completed) Elamentery/Secondary (0-12) Collega (1-4or 5+)	a. Decedent's Usual Occupation (Giva kind of work dona during most of world life. DO NOT usa retired) Farmer	rking 16b. Kind of Business Farming	s/Industry
	a filed other vent, th	Ü	17. Fathar's Nama (First, Middla, Last)		na (First, Middla, Meiden Sumema)	
lan	d be sold of control o	To Be	ELISHA THOMAS Elijah Bennet		Sellers Bennett	
Maryland	2 should be and Menta is marked sumatic ev	F		b. Mailing Addrass (Street and Number or Ru	<u> </u>	
Σ			(Son)		1	
Fe,	f Heelth tam 27 other tr		William Franklin Bennett r 20a. Mathod of Disposition 20b. Place cematic	of Disposition (Nama of	Date 20c. Location - City or	
E	Page ent o nt: H				4 1007 Dungton	Male
Baltimore,	permit. Pages 1 end Department of Heelth Important: If item 27 any injury or other tr once.		21. Signatura of Funaral Sarvice Licensee	Order Cem. Feb.	deralsburg, Md.	21622
Ö	Depa Impo		mel D 7 P. D.	Framptom-Hawkin	c Eckow E B 21	. 21032
	_		23a. Part1. Entar tha disaasa, or complications that caused the death. Do shock, or heart failure. List only one ceuse on each line.			Approximata
	Physician		shock, or haart failura. List only one ceusa on each line.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Intarval Batween Onsat and Death
ı	/Medicai Examiner		Immediete Causa (Final disaasa or condition rasulting in death)	nia /	Umonary Disis	Iweek
		ē	Due to (or es e	consequence of):	2/2 2 2 2	1000
	d d ansit	Examiner	b. Chronic	consequence of):	wmonary bese	250 1915
Ć,	artificate be executed ling physician and e as the buriel-transit	Exa	Sequentially list conditions, if any, leading to immadiate cause. Entar Undarlying Causa (Disease or injury that initiated evants Due to (or as a c	consequance ory:		,
68760,	e be rsicia	edical	Causa (Diseasa or injury that initiated evants	consequence of):	II .	2.1
68	g phy as th	ed	rasulting in death) Last	oursequation off.		
Box	ndin use	m/m	d			
	death certificete be execu e attanding physician and ed for use as the bunel-tra	Icla	Part il. Other significant conditions contributing to death but not rasulting	in the underlying cause given in Part i	23b. Did tobacco use contribut	te to the cause of death?
, P.O	requires that the death co	by Physician/	Cardiac arry+	hmia	1 Yes 2 No 3 F	
Records,	been s	Completed t			24a. Was an autopsy performed?	. Wara autopsy findings avaliabla prior to completion of causa of death?
æ	0 - 5	Eo			1 Yas 2 No	1 Yas 2 No
Vital	dclan: The certificate rector, pag	Bec	25. Was cesa rafarred to medicel	26. Place of Des	ath (Check only one)	
>	Physician: this certific ral director,	To	axaminar? 1 ☐ Yas 2 ☐ No Hospital: 1 ☐ Inpatient 2 ☐ ER/O	Other	loma 5 PRasidance 6 □Othar (Spe	ecify)
on of	th. After the funeral			Tima of lnjury at Work? M 28c. Injury at Work? 1 Yes 2 No	28d. Describe how injury occurred	
Division	of a thending of a death. Director: After in by the fune	Certification:	3 Suicida 8 Could not be determined 28a. Place of injury - At homa, f building, atc. (Specify)	arm, straat, factory, office	28f. Location (Street and Number or R City or Town, State)	Rural Routa Number,
	To the Hospital or Attending Physician: within 24 hours effar death. To the Funeral Director: Affar this certific completely filled in by the funeral director.	edical C	29a. Certifier (Check only one) 1 □ Certifying Physician: To tha best of my knowledge and mannar stated. 2 □ Medical Examinar: On tha basis of axamination as and mannar stated.	a, daath occurred at tha time, date and place nd/or invastigation, in my opinion, death occu	, and dua to tha causa(s) and manner a rred at tha tima, data and place, and du	as stated.
	ithin o the omple	Mec	29b. Signature and title of certifier	29c, Licensa number	29d Data signed (Mon	nth, Day, Yaar)
	£ ≯ £ 8		1 An Grad	H4735	7 Jan 2	8,1997
			30. Name and addrass of person who completed cause of death (Item 23e) Anne Grady, M.D. 321 Bloomi	(Type, Print) ngdale Ávenue, Fe	deralsburg, Md.	. 21632
	Che		31. Data filed (Months Day, Mear 0) 32. Registrar's Signature	B. 1.00		

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 97

97 05132

		Cer	rtificate of	Death		Reg. No.	
	1. Decedent's Neme (First, Middle, Last)			-	2. Dete of De		3. Time of Death
Physician /Medical	Norman Wendell Beall				Month	Dey	1997 3:50PM
Examiner	4e. Fecility Neme (If not institution, give street and number)			4b. City, Town, or			of Death
	Prince George's Hospital Cent	er		Cheverly		Princ	ce George's
uneral	5. Social Security Number 6. Sex 7. Age (In y	rs. last birthday)	If Under 1 Yee	r If Under 24 Hrs.		rth	Birthplace (State or Foreign Country)
rector	579-18-4579 1 [™] 2□ F 7.	5 Yrs.	Months Deys	Hours Min.	(Month, De	30. 1922	Washington, DC
	Usuel Residence of Decedent				Juli .	30, 1311	washington, bo
vieted by Funeral Director	10a. Stete 10b. County 10c.	City, Town or Lo	cation				10d. Inside City Limits
호	MD Prince George's Hy	attsvil	1e				1 ☐ Yes 21 No
Director	10e. Street and Number	acebvii	10f. Zip Code			10g. CitIzen of \	Whel Country?
ō	3404 63rd Place		20785			U.S.A.	who obtainly?
Funerai		11.0 10.1		Lilian and Onlain 0 /C			e - American Indian,
5	Armed Forces?	0,5. 15. V	f Yes, specify Cul	Hispenic Origin? (S ban, Mexican, Puerl	o Rican, etc.)		ck, White, etc.
by F	1 ☐ Never Merried 2 ☒ Married 1 ☒ Yes 2 ☐ No If Yes, Give 3 ☐ Widowed 4 ☐ Divorced Year or Detes:		1□Yes 2🕅 No	Specify:		Specify	/ ITh I to
D D							White
Completed	15. Decedent's Education (Specify only highest grede completed)	16e. Deced (Give	fent's Usuel Occu kind of work done	ipation e <i>during</i> most of woi ed)	king	16b. Kind of B	usiness/Industry
du	Elementary/Secondary (0-12) College (1-4or 5+)					. 7	
3	12	Gene	ral Fore	man		Pepco	
Be	17. Fether's Name (First, Middle, Last)			18. Mother's Ner	ne (First, Middle	, Meiden Suman	19)
2	Frank Mead Beall			Margueri	ite H. R	ogers	
1	19a. Informent's Name/Reletionship (Type, Print)	19b. Maiiln	g Address (Stree	et end Number or Ru	ral Route Numb	er, City or Town,	Stete, Zip Code)
	Mabel M. Beall - Spouse	3404	63rd Pla	ice, Hyatt	sville.	Marvla	nd 20785
		. Piece of Dispos	sition (Neme of		Dete		City or Town, Stete
	1 🖾 Burial 2 🗆 Cremetion 3 🗆 Removal from State		netory or other pla	-	106 107	D	-1 W11
1 -			coln Cem		/06/97	Brentwo	od, Maryland
	21. Signature of Furjeral Service Lifensee	0 F	Name end Addr	lasch's Sc	ns Fune	ral Home	P. P.A.
	H Constance Mas						le, MD 20781
	23e. Pert1. Enter the disease, or complications that caused the de shock, or heart failure. List only one cause on each line.	eth. Do not ente	er the mode of dy	ing, such es cardiac	or respiretory a	rrest,	Approximate Intervel Between
6.4	discount in the state of the st			4			Onset and Deeth
	Immediate Cause (Final	OVAR	1. Fa	iluse			21
	disease or condition resulting in death)	Viga	niu	nunc			2 day 2 day 3 day 2 day
9	Due to	(or es e Conseq	uenca or):				21
Examiner	b. Septi	c sn	OCK				Lagy
Xai	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	(or es e conseq	uence of):				2,0
	cause. Enter Underlying Cause (Disease or Injury	minal	Llei	LS_			2 day
	thet initiated events resulting in death) Lest	(or as e consequ	uence of):	7 1		1	70.
₩.	- Adult	Kespiro	Tory.	DISTRES	1 Juni	rome	1 Lday
	V.	1					
30	Pert II. Other significant conditions contributing to death but not r	esulting in the ur	nderlying cause g	iven in Pert I.	23b. Dld	tobecco use co	ntribute to the cause of death?
Physician	LHTI-VITORINA DY	It!	. 01.	-1-	10	Yes 2 No	3 □ Probably 4 Minknown
þ	det Thoracolomy and Le	JANOU	res kov	ecroning			
	O			0	24e. Wes	en eutopsy	24b. Were autopsy findings aveilable prior to
Completed					реп	omed?	completion of cause of deeth?
E					_		
					10	Yes 25 No	1 ☐ Yes 2 ☐ No
-	25. Wes case referred to medical exeminer?			26. Plece of Dea	ith (Check only	one)	
ဥ		☐ ER/Outpetien	I SLI DOA		ome 5 Resi	dence 6 Oth	er (Specify)
Certification:	27. Manner of Death 28a. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Inju	ury et ork?	28d. Describe	how injury occur	red
ati	Accident investigation			Yes 2□No			
E I	3 ☐ Suicide 6 ☐ Could not be determined 28e. Plece of Injury - At building, etc. (Spe	home, farm, stre	eet, factory, office				per or Rurel Route Number,
le l	ounding, etc. (Spe	ciry)			City or To	WII, State)	
	29a. Certifier Certifying Physician: To the best of my k	nowledge, death	occurred at the t	ime, date end pleca	, end due to the	ceuse(s) and me	enner as steted.
edical	(Check only 2 Madical Examiner: On the basis of exemination one) and manner stated.	netion end/or inv	estigation, in my	opinion, death occu	rred et the time,	date end place,	and due to tha cause(s)
Barr I	29b. Signature end little of certifier		29c. Licen	ise number		29d. Date signe	d (Month, Dey, Year)
	Name has			11200	7	-0	11 1000
	Thes a rich	my	D	4-1082	- /	ebrua	my 4,149/
	30. Name end address of person who completed cause of death di	em 23e) (Type, I	Print)	1 2 4 1	42.	0 +	0
	TAMES & 12ENG MD	1501/	survatt	s Rd . +	F 503,	CLTUD	4 MD 20/35
tate	31. Dwe filed (Month, Dey, Year) 32. Registrer's Sig	neture					
istrar	FEB 05 1997 Juli Savil	ortalell					



State of Maryland / Department of Health and Mental Hygiene 97

						Ce	rtificate of	f Death	7		Reg. No.			
	Dhuala	ian.	1. Decedant's Name (First, M		- 1 1		-			2. Data of D Month	eath Day	Year	3. Tima of Death	n
	Physic /Medi		James		Edward		Bro	wn		Febru		1997	4:25 PM	1
	Exami		4e. Facility Neme (If not Institu			0		4b. City, T	own, or L	ocation of Dee	th 4c. Cour	fy of Death		
				Community	Hospita	u			unhan			ce Ge	orges	
	Funeral	п	5. Social Security Number	6. Sex 1 1 2 M 2 □ F	7. Age (In yrs. 58		Months Dey		r 24 Hrs. Min.	8. Date of B	irth ay, Year)	9. Birth	piace (Stata or Fora	<i>ilg</i> n
	Director		229-46-0426 Usual Rasidanca of Decedant		J.	d Yrs.				02 -	19-38	Viro	ginia	
	pue *		10a. Stata 10b. Cou		10c. Cit	y, Town or L	ocation						10d. inside City Lim	its
	Mery	ō	N/A	N/A	1	Washin	gton, DC						1 Yas 2□	
	15 28 th	Director	10e. Street and Numbar				10f. Zip Coda				10g. Citizan o	What Cou	intry?	-
	3a or	ō	816 E. Stre	et, N.E.,	#102		2000	2			U.S.A			
	72 hours efter deeth with the Merylend natural, or Hema 23a or 28a-4 show deal Examiner must be notified at	Funeral	11. Maritei Status	12. Was Da	cedant Ever in U	,S. 13.	Was Dacedant of If Yes, specify Cu	Hispenic O	rigin? (Sp	ecify Yas or N	o- 14. R		ican Indian,	_
0	offer A	Ē	1 □ Never Married 2 🕳 N	farried 1 Tas	Forcas?					Rican, atc.)		ack, Whita,		
02	ones.	by	3 ☐ Widowed 4 ☐ Divor	ced If Yes, (1□Yes 2 No	o Specify	<i>r</i> :		Spec	ity: B1	.ack	
21215-0020	72 hours	Completed	15. Dece (Specify only hir	dant's Education	7)	16a. Dece	dent's Usual Occi	upation	st of work	ina	16b. Kind of	Businass/îr	ndustry	
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2		S	12th			riaii	ircenance	-			Priv			
anc	ould be filed Mental Hygi arked other atic event, I	Be	17. Fathar's Name (First, Midd Calvin Page	. ,							a, Maldan Sume	-		
Z	should b nd Ments marked	2								Catheri			20740	5
Maryland	200		19a. Informant's Name/Raiati Mary Jane Bro										p Code) 20748)
	Heell Heell Ther		20a. Mathod of Disposition	July Wile	20h F		Colebro			D. L.	e HIIIS			_
altimore,			1 ☑ Buriai 2 ☐ Cramatio				osition (Name of matory or other pi		0	2/07				
틒	it. Pertant		4 Donation 5 Other 21. Signature of Funeral Serv		Па		Memoria:			997	Landov	er, M	aryland	
Ba	permit. Peges Department of Important: If it any injury or once.		21. Signature of Funeral Serv	O 1	- 1	J².	2 Nama and Add B. JENK	INS FU	NERA	L HOME				
_			Nancy P	1. Tercont		74	174 Lando	over R	Road,	Lando	ver, Ma	rylan		
			23a. Part1. Entar tha diseasa shock, or heert feilura. I	, or complications that list only one cause on	aach iine.	n. Do not an	itar tha moda of dy	ying, such as	s cardiec	or respiretory	arrest,	1	Approximete intarval Between Onsat and Death	
X	Physician /Medical		Immediata Causa (Final	1	2500	104	0 612	V		MIL.			Orisat and Death	
	Examiner		diseese or condition rasulting in death)	a	CZP	KI	IIOK	7		414	URE	1	> 000-00	2
	Spiel.	ē		1=	Dua to (d	es a conse	quanca of):	-	00	1 .10/		2		
	uted	Examiner		b	ND	r es e conse	40,0	G	-KL	1401	NH (1	>2-~	W
ď	certificate be executed rding physicien and use es the buriel-trensit	Exa	Sequentially list conditions, if any, laading to immediate causa. Enter Underlying	1	00 00 00	es e conse	Querica oi).	SMO	ते ।	Attr	MET	J.		
68760,	sate be shysicie the bui	edical	causa. Enter Undarlying Causa (Disaese or Injury that initiated events	С.	Dua to (o	r as a consec			1					_
	tificate ig physies the	Med	resulting In daeth) Last				,					i		
Вох	seeth certifica attending ph d for use es ti	ician/		d										
	the atter thed for u	sici	Part II. Other algnificant cond	ittions contributing to	death but not res	ulting in tha u	undarlying causa g	givan in Part	1.	23b. Dio	I tobacco use o	ontribute t	to the cause of deat	th?
<u>о</u>	ta you	Physi								1	Yee 2□ No	3 Pro	bably MI Unknow	owr
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Record	v requires been sign should be	ompieted									s an eutopsy ormed?	av	Vara autopsy finding	8
ec	2 5 5	pie										of	ompletion of cause I death?	
E .		Co								10	Yes 2 No	1	☐ Yas 2☐ No	
Vital	ystcian: The is certificate director, pag	Be	25. Was casa raferred to med examiner?	-					a of Daat	h (Check only	ona)			
of	Physician: this certific rai director,	²	1 Yes 2000io	Hospital: 1	npatiant 2 🗆	ER/Outpatia	III JU DOA		ursing Ho	me 5 Ras	idenca 6 🗆 O	thar (Speci	(y)	
		:uo	27. Mannar of Death 1 Natural 5 ☐ Par	/8.4-	e of injury onth, Day Year)	28b. Tima o injury	W			28d. Dascribe	how injury occ	urred		
Sio	Attending Indeath.	cati	Z C ACCIDATIO	istigation			M 1[☐Yas 2☐	No					
Division	or Attendent effer deat Director:	Certification:		ermined 200. Piec	ca of Injury - At he ding, atc. (Specif		reet, factory, office	9			(Street and Nur own, Stata)	nber or Aur	ral Routa Number,	
	urs e urs e reilled illed													
1	To the Hospital or Att within 24 hours efter d To the Funeral Direct completely filled in by	edicai	29e. Certifiar (Check only one) 2 Medic	lying Physician: To the cal Examiner: On the	basis of axamina	wledge, deet tion and/or In	h occurred et that westigation, in my	time, deta e oplnion, da	nd place, ath occur	and dua to the red at the tima	t causa(s) and t , dete end plect	nannar as s a, and dua t	stated. to tha causa(s)	
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	(X)		20 Name and add) / /	1	0201 (7	Point :	7	- / '	•	- COL -	00	(_ / /	
	9		30. Name and addrass of pars	on who completed car	usa or death (Itan	23a) (Type,	Frinti	Uni !	Q R	ead :	+220	· Ro	MIP.W)
	Sta	to	31. Data filed (Month, Day, Ye	(ar) (32	Registrar's Signa	ture	11 2300	, 4 la ,			,,,,,,	100	2071	6
	Registr		FEB 05	1997	it of wales	Reals	(
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State of Maryland / Department of Health and Mental Hygiene 97

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					Certificate o	f Death	P	leg. No.		00101
	Ohusis		Decedent's Nema (First, Middla, Las	et)			2. Data of Dea Month		Year	3. The of Coath
	Physici /Medi		LILA	BRASWEL	L		JANUAR'			6:2gp.N
	Examir		4a. Facility Nama (If not Institution, give	street and number)		4b. City, Town, or Lo	ocation of Death	4c. County	of Death	
	Funeral Director		Prince George 5. Social Sacurity Number 6. S 1 579=24=7955 Usual Rasidence of Decedent	s Hospita1 7. Aga (In yrs. □M 2\(\text{M}\) F 74	last birthday) if Undar 1 Ya. Yrs. Day		8. Data of Birth (Month, Day 03/20/2		nce 9. Births Cour Virg	George's place (Steta of Foraign phry) inia
	/lend		10a. Stata 10b. County	10c. Cit	ty, Town or Location				1	Od. Insida City Limits
	72 hours after death with the Manylend netural', or items 23a or 28a-f show a cel Examinar must be notified at	Director	Maryland Prince (George's	Bladensburg		1	log. Citizan of N	What Cour	1 ŽYas 2 No
	h with	a D	4202 58th Avenue	+320	2071	0		II C	70	
	deat	Funeral	11. Marital Status	12. Was Decedant Evar in U Armed Forces?		of Hispanic Origin? (Sp uban, Maxican, Puarto	ecify Yas or No-		e - Amaric	can Indian,
21215-0020	ours after ral', or the	þ	1 ☐ Nevar Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	1 ☐ Yas 2 ঐ No If Yas, Giva Yaar or Datas:	1 □ Yas 2 X N		rioan, atc.)		k, Whita,	
5-6	be filed within 72 hours Itel Hygiene. Id other than "natural", event, the Mod cal Exe	Completed	15. Decedant's Ed (Specify only highast gra	ucation fa com <i>plated)</i>	16a. Decedent's Usual Occ (Giva kind of work dor	cupation na during most of work ired)	ing	16b. Kind of B	usinass/In	dustry
12	within ene. then	mp	Elemantery/Secondary (0-12)	College (1-4or 5+)						
9	should be filed within and Mentel Hygiene. marked other than matte event, the Mentel than the		10th 17. Fathar's Nama (First, Middla, Last)		Domestic	18. Mothar's Name	e (First, Middle	Priv		
Maryland	Mentel Mentel	To Be	Unknown						, ca /	
ary	should end Men a marke	F	19e. informant's Name/Ralationship (7	ype, Print)	19b. Mailing Address (Stre		chardso		Steta, Zic	Coda)
	permit. Peges 1 and 2 should Department of Health and Mer Important: If Item 27 is marks any injury or other traumatic ange.		Carolyn Davis /Da	whter						
ore,	of He of He r		20a. Mathod of Disposition	20b. F	15531 Lincoln Place of Disposition (Name of camatary, cramatory or other p	avenue Le	2/07	20c. Location -	City or To	own, Stata
Ē	Pege nt: If iry of		1 ☑ Burlal 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	namoval irom Stata	mony Memorial		000			
Baltimore,	permit. Pege Department of Important: If any injury of once.		21. Signatura of Funaral Sarvice Lican	saa	22. Nama and Add	drass of Facility		Landove	r, Me	iryiand
m	88 5 8		Nancy A.	Percentre	J.B. JEN 7474 Land	NKINS FUN dover Road	IERAL H	OME Ma	rular	d 20795
-			23a. Part1. Enter tha disaasa, or comp shock, or heert feilura. List only	lications that caused the deat					LYTAI	Approximata Intarval Batween
	Physician		shoot, or hoof foliata. Elst only t	and Cause on Secretarie.					1	Onsat and Death
7	/Medical Examiner		Immediate Cause (Final disaasa or condition	DIFFUSE BI	LATERAL PNEUM	ONIA				
	LAGITITIE		rasulting in daath)		or es e consequanca of):				i	
	bed nsit	nlu		b. RENAL FAILU	JRE				- !	
	ertificate be executed ing physician and e es the buriel-trensit	Examiner	Sequantially list conditions, if any, leading to immediate causa. Entar Underlying Causa (Disaasa or Injury		or as a consequance of):					
200	sician buri		causa. Entar Undarlying Causa (Disaasa or Injury that initiated evants	. PANCREATIT					i	
68760,	ficate g phy ss the	Medical	rasulting in death) Last	Dua to (o	r as a consequance of):					
×	nding use			d						
Bo.	ette for	Physician	Part II. Other significant conditions co	ntributing to death but not ras	ulting in the undertying cause	olvan in Part I	23h Did to	obacco use co	ntributa te	the cause of death?
P.0	that the de ed by the deteched	th's	•			g.va.v.	1 🗆 Y	· Jan		bably 4 Unknown
	es the igned be de	by 6						1		
Records,	v requires thet the been signed by th should be detech	ted					24a. Was a	in autopsy med?	av	ere eutopsy findings allable prior to
ecc	2 s	pje							CO	mplation of causa deeth?
-B	t sed	Completed					1/2 Y	as 2 No	1,8	Yas 2□ No
Vital	sician: The certificate irector, pag	Be (25. Was casa raferred to medical exeminar?			26. Plece of Deat	h (Check only or	ne)		
of	Physician: this certific ral director,	2	1 ☐ Yas 2 No	Hospitel: 1 Inpatiant 2	Envoulpatient 3LI DOA		ma 5 Raside	enca 6 Oth	ar (Specif	y)
	D P	Certification:	27. Mennar of Death 1 ☑ Natural 5 ☐ Panding	28a. Data of Injury (Month, Dey Year)	28b. Tima of Injury 28c. In		28d. Dascribe h	ow injury occur	red	
Division	Attending r deeth.	cat	2 Accidant Invastigation 3 Sulcida 6 Could not be	On Division Alberta		☐ Yas 2☐ No	006 Lasation (0	A		10
Div	or A effer Direction by	it a	4 ☐ Homicida detarmined	building, atc. (Spacify	oma, farm, straat, factory, offic y)	×8	28f. Location (S) City or Town		er or Hurs	# Houta Number,
_	To the Hospital or Attendit within 24 hours effer deeth. To the Funeral Director: A completely filled in by the fu	- 1	29a. Certifier Cartifying Phy	elclen: To the best of my kno	wladge, death occurrad at tha	time data and place	and due to the e	auga(a) and me		totad
	24 h 24 h Fun letely	edicai		nar: On the basis of axaminal and mannar statad.	tion and/or investigetion, In my	y opinion, death occurr	red at the tima, d	ata and place,	and dua to	tha causa(s)
	o the	Me	29b. Signature and title of cartifier		29c. Lica	nsa number	2	9d. Data signa	d (Month,	Day, Year)
	~		Mullin	Poin	m (1 10	21891	1	2-30+	99	7
	(1)		30. Name and eddrass of person who c	ombled cause of death (liam	23() (Type Print)	0.10/1	0	- 11	. / .	-
-	0		Willie C. Blair,	MD, 30001 Hos	spital Drive,	Cheverly,	Marylan	d 20785		
	Sta Registr	_	31. Date filed (Month, Dey, Yaer) FEB 05 199	32 Registrar's Signe	tura or Rodolf	-1,	- 2	30,00		

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State of Maryland / Department of Health and Mental Hygiene

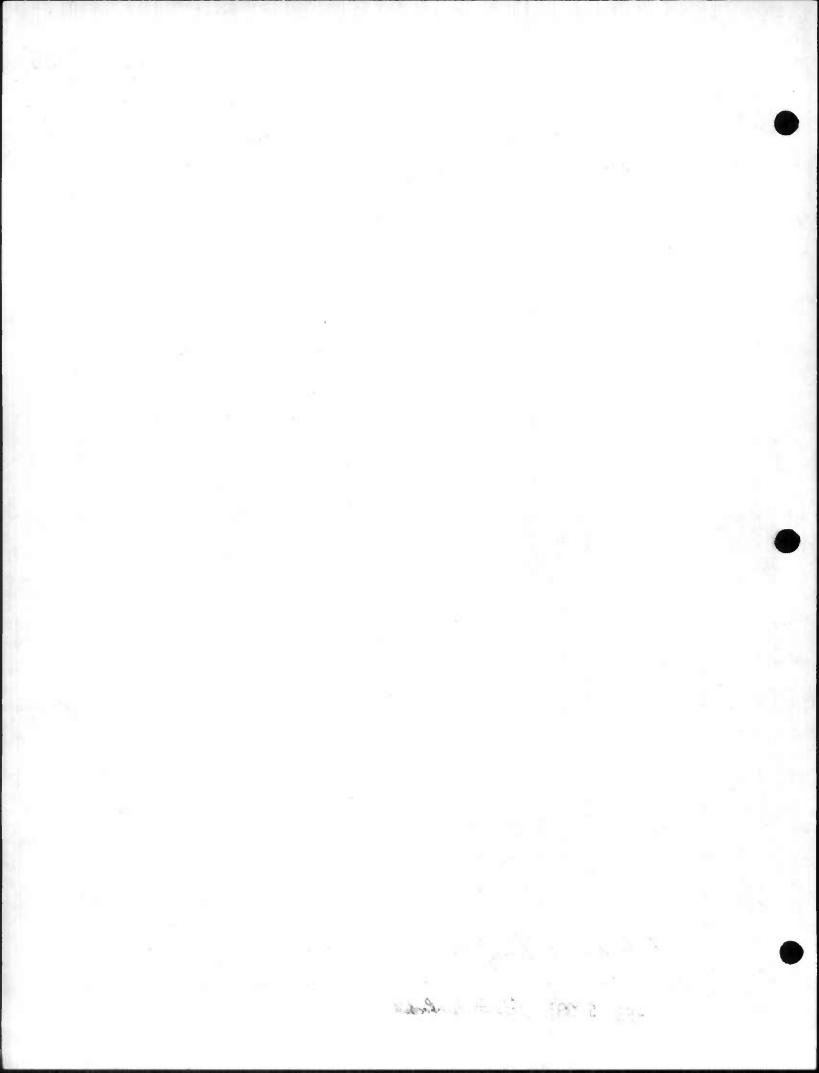
05135 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Deeth **Physician** 40U FEBRUARY 1997 10:09 AM /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Heartland Healthcare Center Adelphi Prince George's 7. Age (In yrs. lest birthdey) If Under 1 Year Months Days Hours Min. 8. Dete of Birth (Manth, Day Year) April 10 1928 5. Sociel Security Number **Funeral** 9. Birthpiece (State or Foreign 1□M 2⊠F 039-16-4852 68 Yrs. Rhode Island Director Usual Residence of Decedent the Maryland 10e State 10b. County 10c. City, Town or Location "natural", or items 23a or 28a-f show 10d. Inside City Limits Washington DC 1 Yes 2 No Completed by Funeral Director N/A N/A 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? USA 465 Madison Street, N.E. 20011 filed within 72 hours after death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 ☐ Never Merried 2 PMerried Baltimore, Maryland 21215-0020 Black. 1 ☐ Yes 2 No Specify. 3 ☐ Widowed 4 ☐ Divorced Specify: permit. Pages 1 and 2 should be filed within 72 hc Department of Health and Mental hygiena. Important: if item 27 is marked other than "naturn eny injury or other traumatic event, the Medical page. 16e. Decedent's Usuel Occupetion
(Give kind of work done during most of working
life. DO NOT use retired)
NUTSO 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) 12th College (1-4or 5+) Government 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Irving Cook Louise Hamblin 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) George Brown/Husband 465 Madison Street NE, Washington Dc 20011 20e. Method of Disposition 20b. Piece of Disposition (Neme of Dete 20c. Location - City or Town, Stete 1 Buriel 2 □ Cremetion 3 □ Removel from State Ft. Lincoln Cemetery 2/6/97 Brentwood, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility J.B. Jenkins Funeral Home 7474 Landover Road, Landover, Marvland 20785 Percentre 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset end Death **Physician** /Medical Immediate Cause (Finel diseese or condition resulting in death) Examiner Physician/Medical Examiner certificate has been signed by the attending physician and irrector, page 2 should be detached for use as the bunial-fransit The law requires that the death certificate be executed Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events resuiting in deeth) Lest P.O. Box 68760, Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably Winknown Division of Vital Records, ģ Be Completed 24e. Wes en eutopsy performed? 24b. Were autopsy findings eveileble prior to completion of cause of death? 020 1 Yes 25 No 1 ☐ Yes 2 ☐ No or Attending Physician: funeral director, 25. Wes cese referred to medical exeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 ☐ Yes 20XNo 1 ☐ Inpatient 2 ☐ CER/Outpatient 3 ☐ DOA After this 27. Menner of Deeth 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Naturel To the Hospital or Attendir within 24 hours aftar death. To the Funerel Director: Al 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 9 4 Homicide Medical 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the bests of examinetion and/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the cause(s) end menner stated. 29e. Certifie (Check only one) 29b. Signature and title of pertifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name end eddress of person who completed ceuse of death (Item 23a) (Type, Print) 31. Dete filed (Month, Dey, Year) 10810 Darnestown Rd #202 Guithersburg Md. State Registrar

DHMH 16 Ray 6/95

Λ= ASSESSMENT OF THE PERSON

ITE EMS	MS 2.3	: 23 part I, per MEO G-74 PART 1. 27 Per 1. Decedent's Nama (First, Middla, Last)	State of Maryl 15 3/26/91 rel MEO P.G.C	and / Dep	artment of unfificate of	Health and Death C	r 2. Data of Da	Reg. No.	97	05136
Physicia		EMMUTH			BROWN, S	SR.	Month JANUA	Day	Yaar 1997	
/Medic		4e. Fecility Name (If not institution, giva st	reet and number)		Dicourt, C		or Location of Death		y of Death	7.05 AM
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unerai irector		370 70 3240 1	7. Age (In)	yrs. last birthday 43 Yrs.	If Under 1 Yeer Months Deys	If Under 24 H Hours M	in. Dec. 25,	^h 1953		eca (Stata or Foraign Ington, DC
-		Usual Residence of Dacedant 10a. Stata 10b. County	10c.	City, Town or L	ocation				10	Od. Insida City Limits
edical Examiner must be notified at	10	MD Prince Geo		oper Mar						1 Yas 2 No
2	Director	10e. Street and Number	600	oper mar	10f. Zip Coda			10g. Citizan of	Whet Count	**
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	Completed	15. Decedant's Educe (Specify only highast grade of	tion	16a. Dace	dant's Usual Occu	petion		16b. Kind of E	Blac Businass/Ind	
	nple	Elamantary/Sacondary (0-12)	Coilaga (1-4or 5+)	lifa.	a kind of work dona DO NOT usa ratire	d)	ronking	McLean	Gard	en
		llth		Maint	enance W			Apartm		
	Be	17. Fathar's Nama (First, Middle, Last) William H Brown					lama (First, Middla, La Montre		ma)	
	2	19a. Informant's Name/Ralationship (Type	Chinel	105 11-11	- Add (O					
		Barbara Brown- Wife		1133	Il Joycet	on Dr.,	Rural Routa Numbe Upper Ma:	rlboro,	MD 2	0774
,		20e. Mathod of Disposition 1 X Burial 2 Cramation 3 Rar 4 Donation 5 Other (Specify)		b. Piaca of Disponental comparery, cra	osition (Nama of matory or other pla	ce)	Data	20c. Location		
	-	21. Signatura of Funarai Sarvice Licensaa			Memorial 2. Nama and Addre		2-3-97	Landov	er, M	aryland
		NO DIA	00		Marchall	e Funer	al Home,	Inc.		
an ai er	ner	23a. P. Entar tha disaasa, or complica k, or haart failura. List only ona Immedieta Ceusa (Final disaasa or condition rasulting in daath)	22.5	SE	IZURE DISOR	RDER		rast,		Approximata Intarval Batween Onsat and Death
	Ca	Sequantially list conditions, if eny, leading to immadiate causa. Enter Underlying Causa (Disaasa or injury that initiated evants rasuiting in daath) Last		o (or as a consec	, , , , , , , , , , , , , , , , , , , ,					
1.	Physician/Med									
	nys.	Part II. Other significant conditions contril		rasulting in tha u	ndarlying ceuse gi	van in Part I.		_		the cause of death?
	Dy M	DILATED CARDIOMYOPATH	1				101	ee 2⊔No	3 Prob	ably 4 Unknown
	Completed						24a. Was a		avai	ra autopsy findings ilabla prior to apiation of cause eath?
	TO.						100	as 2 No	18	Yes 2□ No
- 10		25. Was cesa rafarred to medicel axaminar?				26. Piaca of D	eath (Check only or			
	0	1 Yas 2 No Hos	pital: 1 ☐ Inpatient 2	ER/Outpatier	nt 3 DOA Oth	or:	Homa 5 ☐ Resid		ner (Specify)	
		A Canada Suicida Suic	28e. Data of Injury (Month, Day Year) 28a. Place of Injury - Al		M 1	y at k? Yes 2 □ No	28d. Dascribe h			Route Number
1	Lec'l	4 Homicida Gatarminad	building, etc. (Spe	cify)			City or Tow			
la dipo	enical	29a. Cartifiar (Check only one) 1 Certifying Physici 2 Medical Examiner	en: To the best of my k On the basis of exami end manner steted.	nowiadga, daatl nation and/or in	n occurred at tha tir vastigation, in my o	na, data and place pinion, daath occ	ce, and due to the courred at the time, of	ausa(s) and mi ata and place,	annar as sta and dua to t	ited. tha causa(s)
2		29b. Signatura and titia of certifiar	12		29c. Licans	a number	2	9d. Date signe	d (Month, D	ley, Year)
		Throday M.	Kil-us		0.0	.M.E.		JANUAR	Y 30	1997
	;	30. Nama and address of person who comp	iated cause of daeth (It	am 23a) (Type,				THUM	* ~ / /	and deli
		THEUDORE MKING	111	Penn	Street,	Balti	more, Ma	arylan	d 212	201
tate	•	31. Data filad (Month, Day, Year) FFR 05 1997	32. Registrer's Sig	nature						
istra		FEB 05 1991	July warmen							

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Deta of Deeth 3. Tima of Deeth **Physician** Miriam G. Bassett January 10:25 PM /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Laurel Regional Hospital Prince George's Laurel If Undar 1 Yaar If Under 24 Hrs.
Months Deys Hours Min. 5. Social Security Number Birthplece (State or Foreign Country) 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** 1□M 2∰ F Deys Yrs. 212-05-0387 88 Director June 4, 1908 | Maine Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits must be notified at 1 Yes 2 □ No Director 28a-f Prince George's Beltsville 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 6 13017 Elkridge Street Herne 23a 20705 Funeral U.S.A. 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yaer or Datas: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, the Medical Examiner Bieck, Whita, atc. filed within 72 hours after 1 Never Merried 2 N Married à 1 ☐ Yas 2 No Specify: Completed by 3 ☐ Widowed 4 ☐ Divorced Specify: White "natural". 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry al Hygiene. Elamantary/Secondery (0-12) Collaga (1-4or 5+) 12 Telephone Operator Supervisor C & P Telephone Baltimore, Maryland 17. Fethar's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surnama) Pages 1 and 2 should be fit ment of Health and Mental H lant: If item 27 is marked off Alonzo F. Grafton Sarah P. Griffin 19e. informent's Neme/Raietlonship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Department of Health at Important: If item 27 is any injury or other trax strice. Jessie Bassett 13017 Elkridge Street, Beltsville, Maryland 20705 20e. Method of Disposition 20b. Plece of Disposition (Name of cometery, crematory or other place) 20c. Location - City or Town, Stete Dete 1 ☐ Burlei 2 🖾 Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Othar (Specify) Metropolitan Crematory 01/30/97 Alexandria, Virginia 22. Name and Addrass of Facility
Francis Gasch's Sons Funeral Home, P.A. 21. Signetura of Funerel Sarvica Licensee 4739 Baltimore Avenue, Hyattsville, MD 20781 000 23a. Part1. Entar the disease, or complications that causad the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or haert failure. List only one cause on each line. Approximete Interval Batween Onsat end Death **Physician** CONGESTIVE HEART FALIURE /Medicai Immediate Ceuse (Final 5 40an diseese or condition resulting in deeth) **Examiner** Due to (or es e consequence of):

COROHARY ARTERY o yea The law requires that the death certificate be executed Sequentially list conditions, if any, leading to Immediate cause. Enter Undarlying Cause (Disease or injury that Initieted events resulting in death) Lest pue Box 68760, Physician/Medical Division of Vital Records, P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by I 1 Yee 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings available prior to completion of causa of death? Completed 24e. Was en eutopsy performed? certificate has 2 2 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: Be 25. Wes casa referred to medical 26. Place of Deeth (Check only one) Hospitet: 1 ☐ Impatient 2 ☐ ER/Outpatient 3 ☐ DOA P 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) After this 27. Menner of Death 28e. Dete of Injury (Month, Day Year) Certification: 28b. Tima of 28c. Injury et Work? 28d. Describe how injury occurred 1 -Naturei 5 Pending 1 ☐ Yes 2 ☐ No death. investigation 2 Accident Director: / 3 Suicide 6 Could not be determined 28e. Place of Injury - At homa, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide the Funeral Directory filled in 1 Certifying Physician: To the best of my knowledga, deeth occurred et the time, dete end piece, end due to the ceuse(s) end mennar as stated.
2 Medical Examiner: On the bests of examinetion and/or investigetion, in my opinion, deeth occurred at tha time, dete end piece, and due to the cause(s) end manner stated. Medical 29a, Cartifier To the vithin 2 29d. Data signed (Month, Day, Year) 29b. Signatura and title of certifiar 29c. Licansa numbar 30. Name end eddress of person who completed causa of death (Item 23e) (Type, Print) PARKURY GREENBELT MO 20770 32 Registrer's Signatura 31. Data filed (Month, Day, Year)

DHMH 16 Rev 6/95

State

Registrar

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}	Exami		4e. Facility Name (If not PRINCE G	institution, gi EORGES	ve street end num HOSPITA	lber) L CENTE	ER		4b. City, Town, or CHEVERLY	Location of Dea	th 4c. Count	ty of Death CE GEORGES
	Funeral Director		5. Social Security Numb 578-02-2710)	Sex 1XIM 2□ F	7. Age (In yrs. 21	lest birthda Yrs.	Months Day		8. Date of B (Month, D 4-18	rth ay Year) -75	Birthplace (State or Foreign Country) D . C .
	and m		Usual Residence of Dec 10a. State 10t	cedent c. County		10c. City	y, Town or	Location				10d. Inside City Limits
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	or 28)irec	10e. Street and Number					10f. Zip Code			10g. Citizen of	Whet Country?
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0	ous effer death with the Marylan at, or items 23a or 28a-f show Example, must be notified at	Funeral Director	11. Marital Status 1 Never Married	2 Married	12. Was Deced	ces?	S. 1	If Yes, specify Cu	Hispenic Origin? (S ban, Mexicen, Puer	pecify Yes or N o Rican, etc.)	Bla	ca - American Indian, ack, White, etc.
2-0020	ral',	d by	3 ☐ Widowed ಈ	Divorced	If Yes, Give Year or Dat			1 ☐ Yes 2 ☒ No	Specify:		Speci	Black
1-612	filed within 72 hours effer death with the Maryland Hygiene. ther than "natural", or items 23a or 28a-f show int, the Medical Examiner must be notified at	Completed	(Specify of Elementery/Secondary	-	ducation ade completed) College (1-	4or 5+)	(Gi	cedent's Usual Occi ve kind of work don b. DO NOT use retir	e during most of wo.		16b. Kind of E	Business/Industry
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5	o de la po	o Be	Kerry Walt		•				18. Mother's Nar Wanda	Shacke		me)
2	2 should b and Ments is marked sumatic e	Ĕ	19a. Informant's Name/				19h Ma	illing Address (Stree	et and Number or Re			State Zin Code)
Ξ :	2 E E E		Wanda Shac						at Pleasa		20743	, Olato, Elp 0000)
pailimore	permit. Pages 1 en Department of Heal Important: If Itam 2 any injury or other once.		20a. Method of Dispositi 1X☐ Buriai 2 ☐ Cre 4 ☐ Donation 5 ☐	emation 3 [tate C	laca of Dis	position (Name of remetory or other pi	ace)	Date 1-31-97	6.6	- City or Town, State
	hysician		21. Signature of Funeral 23a. Part1. Enter the dis shock, or heert feil	sease, or com	Mary pilcetions that the	used the deeth	. Do not e	22. Name and Add	FUNERAL	Home	KENNE W.	ASI+ 1 D. C.
	/Medical Examiner		the second second second			cn line.		enter the mode of dy	ring, such es cerdie	or respiratory	arrest,	Approximate Interval Between Onset end Deeth
E			Immediate Ceuse (Final disease or condition resulting in deeth)	ı	a. Aun	shot	и	ound	b Ba		arrest,	Interval Between
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To the Hosp within 24 hou To the Fune completely fi

State Registrar

29b. Signature and title of contifier

30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

| Durid R funder 111 PENN STREET, BALTIMORE, MARYLAND 21201

31. Dete filed (Month, Day, Year)

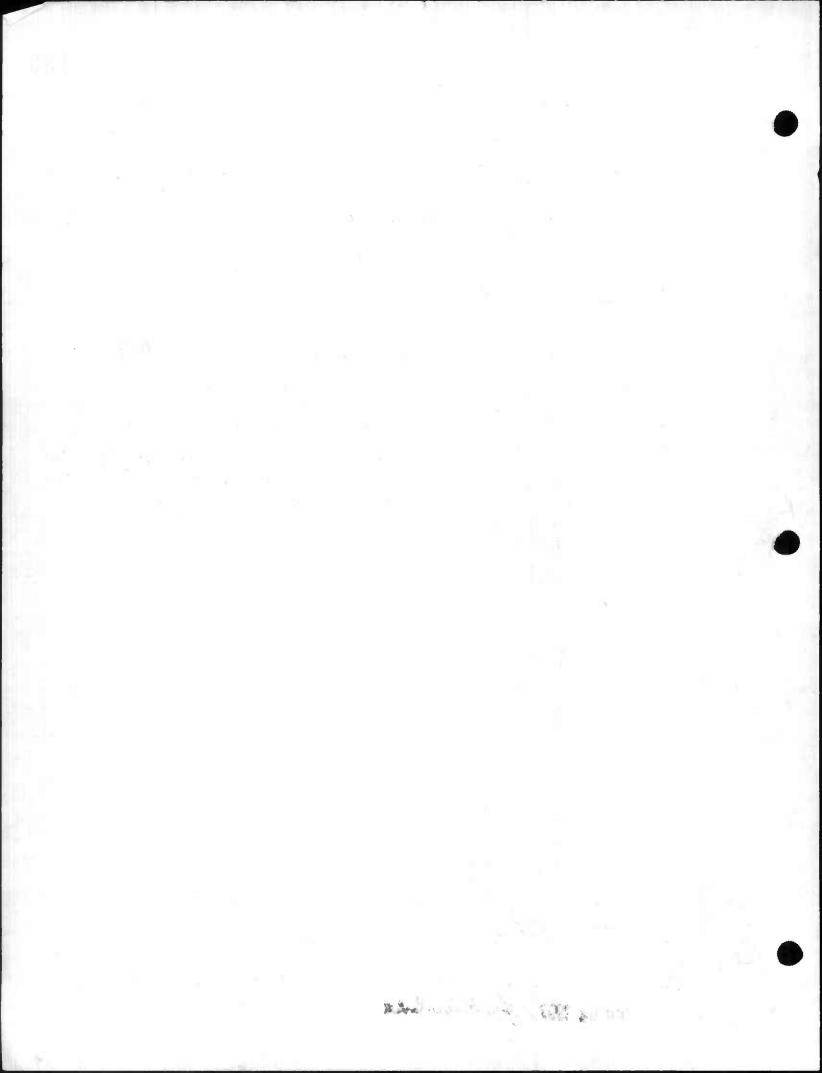
| FEB 04. 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 | June 1937 |

29c. License number

O.C.M.E

29d. Date signed (Month, Day, Year)

JAN. 25, 1997

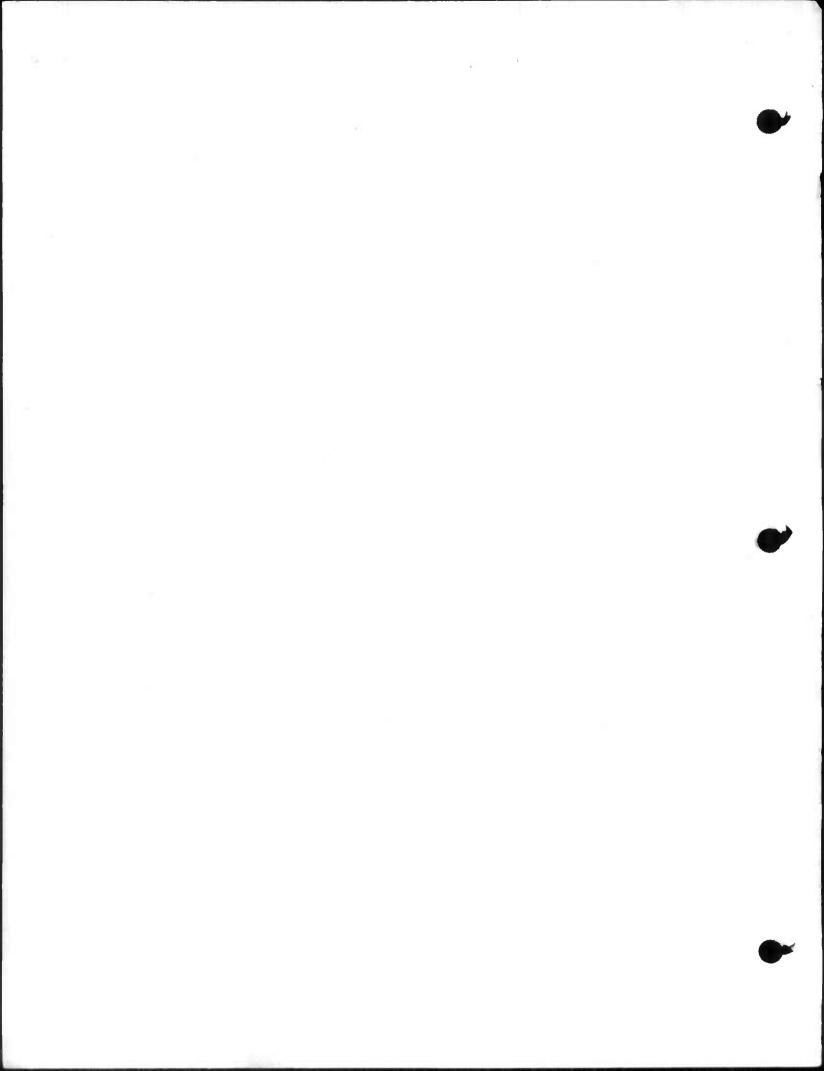


BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTHAR		CERI	IFICATE	OF DEATH	REC	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)			-		2. DATE OF DE	ATH	3.	TIME OF DEATH
- 3	PAT	RICIA	Α.	Bra	tten	Febru		YEAR	028 m
- 3	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthd			7. DATE OF BIR			CE (State or Foreign
	316-30-2315	1 🗆 M 2 🔯 F	64 YR	MONTHS	AYS HOURS MIN.	8-18-	Year)	Country)	(olate of foreign
- 1	9a. FACILITY NAME (If not institution, give si		04			0 20		L UA	•
œ					OWN OR LOCATION OF	DEATH		INTY OF DEATH	
0	PENINSULA REGIONA	L MEDICAL	L CENTER	S	ALISBURY		V	VICOMIC	0
DIRECTOR	10a. STATE 10b. COUNTY		100	CITY, TOWN OR	OCATION				
<u>E</u>	MD. WIC	OMICO		PITTSV				100	I. INSIDE CITY LIMITS?
	10s. STREET AND NUMBER	011100		11121					YES 2 NO
Z	-				101. ZIP CODE		10g. CIT	IZEN OF WHAT	COUNTRY?
FUNERAL	GUMBORO RD	•			21850			USA	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13, WA	S DECENDENT OF HISP	ANIC ORIGIN? (Spec	cify Yes or No-	14. RACE -	American Indian, hita, etc.
ВУ	1 Never Married 2 Married	IF YES, GIVE W	YES 20 NO		es, specify Cuben, Mexic YES 21 NO Spec		etc.)	Specify:	Wa, etc.
	3 Widowed 4 Divorced								WHITE
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16e. DECEDEN	T'S USUAL OCC	JPATION ing most of working	16b. KIND	OF BUSINESS/IN	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	His Do MO	T use retired.)	ng most or working				
립	12		HOME	MAKER			OWN	HOME	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, I		HOHL	
0	UNKNOWN				UNKI		The second second		
88	19a. INFORMANT'S NAME (Type/Print)		10h MAII	MG ADDRESS /	treet and Number or Rura				
임	DEBORAH W. PAT	FY	581						074
- 1	20s. METHOD OF DISPOSITION			-	Y LANE	WILLAR			
	1 Burial 20 Cremation 3 Ramo	rval from State	20b. PLACE AND DA cemetery, cremetory		ON (Name of	1	ec. LOCATION —	City or Town,	Stata
1	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNDIAL SERVICE LICE	runder /	SAL ISBU		MATORY	2-7	SALISB	URY	MD.
	1/1/1.11	J. J.			ME AND ADDRESS OF F				
	MOAIL	1/6			JLLRICH F	UNERAL	HOME	BERL	IN, MD.,
	23. PART I. Enter the diseases, or c	omplications that	caused the deeth. D	o not enter th	e mode of dving au	ch as cardiac or	respiratory or	mat I	Approximate
	snock, or neart failure.	list only one caus	e on each line.				respiratory at	1001,	Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	0.	7 N.		du				Onset and Death
	resulting in death)	. cu	ue myoc	ardiet	man	tre			
_		DUE TO (ILE Myore OR AS A CONSCOUENCE O.	OF):					
2	Sequentially list conditions,								
CERTIFICATION	if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE	OF):					
2	CAUSE (Disease or injury								
	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE	OF):					
# 1	resolding in death) LAST								
	PART II. Other significent conditions	contributing to	leath but not requisit	o in the und	dules sous about to	Sent Les m			
EDICAL	CHE.	oominouting to t	reen but not resulti	y in the unde	riying ceuse given ii	1 Part I, 24s. W	WAS AN AUTOPSY ERFORMED?	AVA	RE AUTOPSY FINDINGS PLABLE PRIOR TO
ă							YES 20 NO	OF	PLETION OF CAUSE DEATH?
× I	D. M. Type :					1	,	1 [YES NO
ž	DID TOBACCO USE CONTR	IBUTE TO CAL	JSE OF DEATH	YES NO	UNCERTA	IN 🗆			,
<u></u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF D	EATH (Check onl	one)				
PHYSICIAN:	1 TES 3/2-NO	HOSPITAL:	ER/Outpetient 3 DO/	OTHER:	Home 5 Rasidence	6 Other (Speci	(6v)		
主	27. MANNER OF DEATH	28a. DATE OF I		IME OF 26	c. INJURY AT	T	HOW INJURY OC	CURED	
	1 Netural 5 Pending	(Month, Day	(Year)	INJURY M	WORK?				
B	2 Accident Investigation 3 Suicide # Could not be	28a, PLACE OF	INJURY — At home, fare			201 LOCATION	Street and Number	D	N N
	4 Homicide B Could not be	building, a	tc. (Specify)	ni amouti indicity	011100	City or Town,	, State)	or nural noute	Number,
	29a. CERTIFIER								
릴Ⅱ	(Check only								
COMPLET	2 MEDICAL EXAMINER	: On the basis of axe	minetion and/or investig	ition, in my opin	ion, death occured at th	e time, data and pla	ice, and due to th	ne cause(s) and	manner as stated.
Ш	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DAT	E SIGNED (Mor	oth, Day, Year)
00	6 Huden	1			D2910	5		2/4/9	7
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM 27)	pe, Print)	/ .			1//	
	Christian Hondlest	10 0.0	Ma muss	10 .4	101/18	2,00	2/80/	,	
3			TRICE WILLIAM	1/ 9/	The Later	VI 100 0	7/10		
	31. DATE FICED (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE		//				
	31. DATE FIESB (Month, Day, 1997)	32. REGISTRAR	'S SIGNATURE					**	

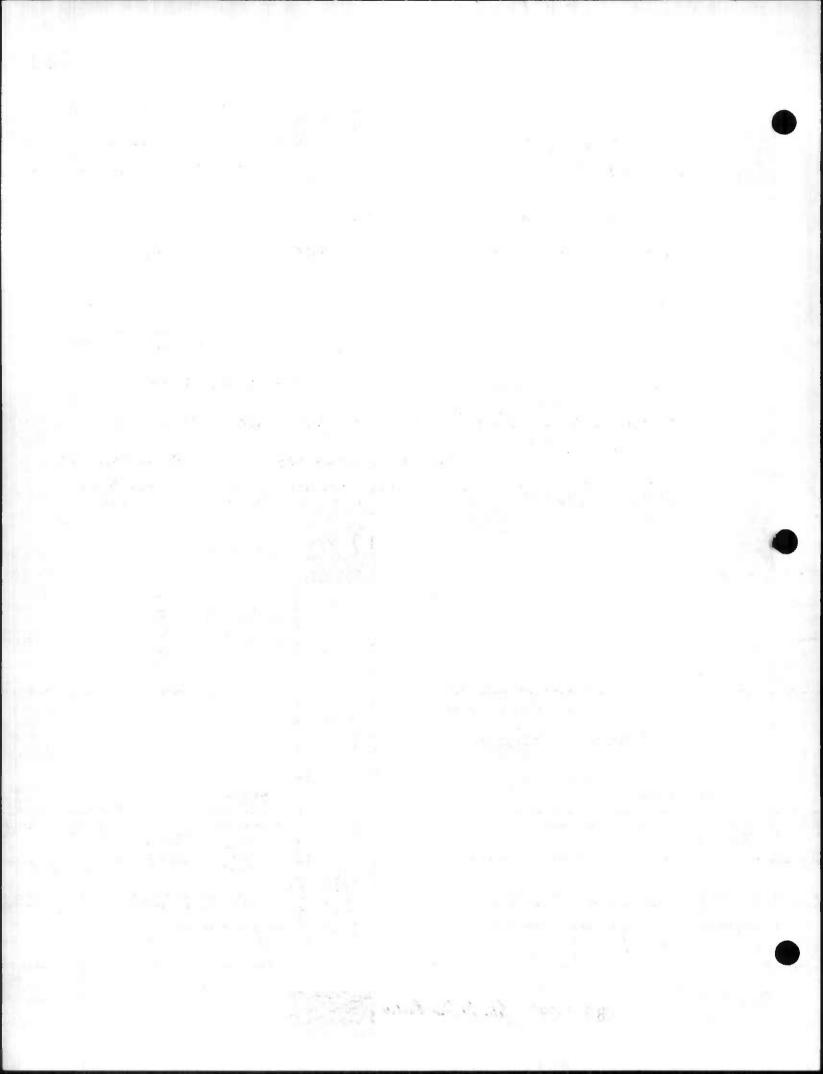


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Day Month **Physician** 10, 1997 Feb. Selma 0840 S. Culp /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 4002 Pine Top Court Dorchester Hurlock 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Date of Birth 9. Birthplace (State or Foreign (Month, Day, Year) 9. Washington DC 6. Sex 7. Aga (In yrs. last birthday) **Funeral** 1 M 2 F Months Days Hours Min 219-34-7524 92 Yrs. Director Usual Residence of Decedent tha Marylend 10a, Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits r then "natural", or items 23s or 28s-f show the Medical Examiner mant be notified at Maryland Hurlock Director Dorchester 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. 4002 Pine Top Court 21643 Funeral death 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 僅 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 11. Marital Status 72 hours after 1 Nevar Married 2 Marriad Baltimore, Maryland 21215-0020 1 Yes ZONX X Xpecify: Specify: by 3 ₩ Widowed 4 Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Instrument Elementary/Secondary (0-12) College (1-4or 5+) Manufacturing Clerical Pages 1 and 2 should be filed vent of Haalth and Mental Hygie ant: If Itam 27 is marked other 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Frederick Steiner Charlotte Heinrich 19a. Informant's Name/Relationship (Type, Print) Daughter 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) permit. Pages 1 end 2:
Department of Health at
Important: If Item 27 Is
any Injury or other trau Diedrich 4002 Pine Top Court, Hurlock, MD 21643 Charlotte C. 20a. Method of Disposition
1 □ Burial 2 ② Cramation 3 □ Removal from State 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stata 4 ☐ Donation 5 ☐ Other (Specify) Cambridge Crematory Cambridge, MD e of Funeral Service Licenses 22. Nama and Address of Facility Curran-Bromwell Funeral Home, P.A. , 308 High St., Cambridge, in, or complications that caused the daath. Do not enter the mode of dying, such as cardiac or respiratory arrest, List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final minules diseasa or condition resulting in death) Examiner Examiner ear The law requires that the death certificate be executed bunial-transil Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760. ettending physician for use es the buria Physician/Medical the Dua to (or as a consequence of): 98 signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. datached 23b. Did tobacco usa contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown Records, Completed by 24a. Was an autopsy performed? 24b. Were autopsy findinga available prior to peed completion of cause of death? page 2 s has 1 Yes 2 No 1 Yes 2 No certificate Division of Vital 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Othar: 4 Nursing Home 5 PResidence 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this To the Hospital or Attending Pr within 24 hours efter death. To the Funeral Director: After th completely filled in by the funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? After t 28b. Time of 28d. Describe how injury occurred 1 Natural 5 Pending Invastigation Injury TO Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Bloomingdale NARR ALS DUTA 32. Degistrar's Signature 31. Date filed (Month, Day, Year) State FEB 1 2 199 Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle Last) 2. Dete of Deeth 3. Time of Daeth Dey **Physician** Veer 5, Leonard Edward Chilcoat Feb. 1997 9:00 am /Medical 4a. Fecility Neme (if not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner 851 Star Court Union Bridge Carroll 5. Sociel Security Number If Under 1 Year If Under 24 Hrs.

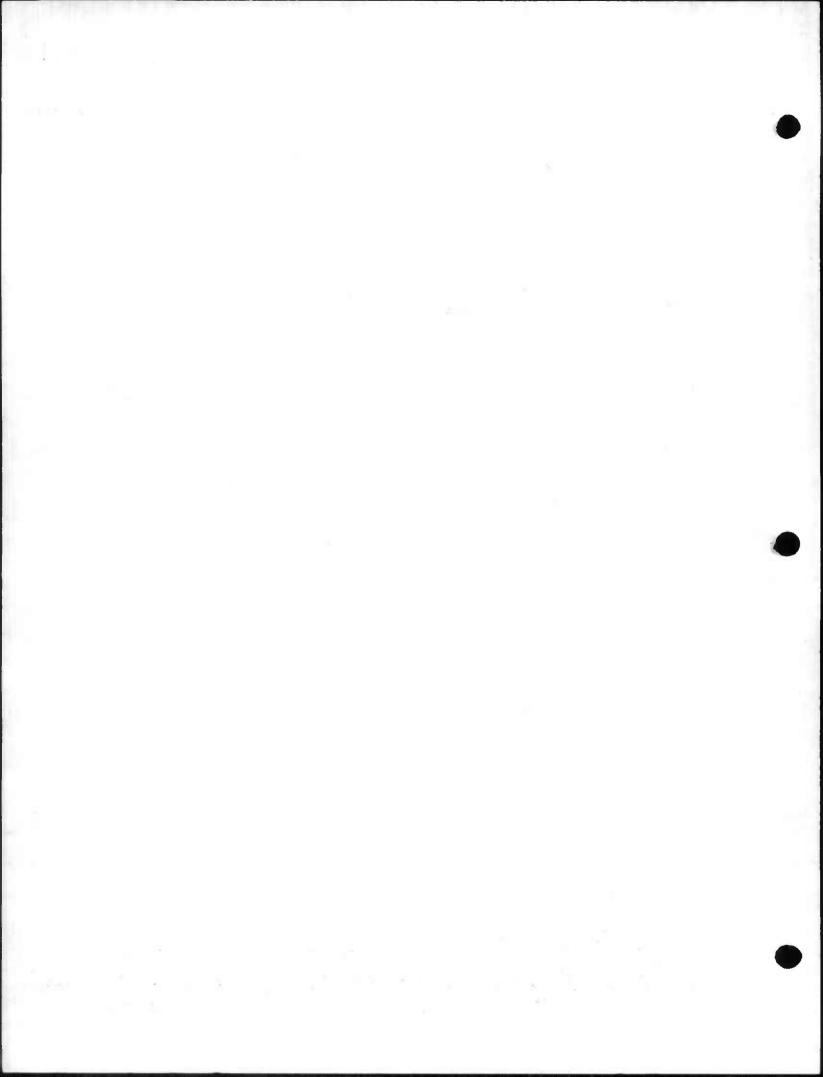
Months Devs Houra Min. 7. Age (In yrs. lest birthdey) Date of Birth (Month, Dev. Year) Birthplace (State or Foreign Country) **Funeral** Deys 180 M 2□ F 67 Yrs. Director 213-26-8182 Feb. 24, 1929 Maryland Usuet Residence of Decedent the Merylenc 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow Examiner must be notified at Carroll Union Bridge 1 □ Yes 2 No Director 10e. Street and Number 10f. Zlp Code 10g. Citizen of Whet Country? 6 851 Star Court 21791 United States Herrie 23a Funeral filed within 72 hours efter deeth Wes Decedent of Hispenic Origin? (Specify Yes or No-tf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 14. Rece - American Indian, Bleck, White, etc. 11. Meritei Stetus 1 ⊠ Yes 2 □ No
If Yes, Give
Yeer or Detes: KOREAN 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 6 1 ☐ Yes 2 No Specify: à Specify: 3⊠ Widowed 4 Divorced "netural", White Completed traumatic event, the Medical 16e. Decedent's Usuet Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry rade completed) (Specify only highest g. nd Mental Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) truck driver grocery 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be h end Mental h Pages 1 and 2 should be Bertha Adele Cunningham Melvin Chilcoat 19a. Informant's Neme/Reletionship (Type, Print) 19b. Melting Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Code) Department of Health (Important: If Item 27 Is any Injury or other tra James Chilcoat, son 21662 Everlea Drive, Preston, MD 21655 20b. Plece of Disposition (Neme of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 02/08/97 1 Buriai 2 ☐ Cremetion 3 ☐ Removei from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Pipe Creek Cemetery Uniontown, MD 21. Signeture of Funerel Service Licensee 22. Name and Address of Facility Home & Chapel 412 Washington Rd., Westminster, MD 21157 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or haart failure. List only ona causa on each line. Approximata Interval Between Onset and Death **Physician** /Medical tmmediate Cause (Finet disease or condition resulting in death) Examiner Examiner The lew requires that the deeth certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last physician a s the buriel-P.O. Box 68760, Physician/Medical Due to (or es e consequence of): Part tt. Other algnificant conditione contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? signed by the 1 (Yee 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24a. Wes an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of daath? Completed s certificate hes b 2 2000 1 Yas 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Was case referred to medicat examiner? 26. Placa of Death (Check only one) Other: 4 ☐ Nursing Home 5 Hasidence 6 ☐ Othar (Specify)
Injury et 28d. Фescribe how injury occurred 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Deeth 28a. Dete of injury (Month, Dev Year) 28c. Injury et Work? Certification: 28b. Time of After 5 Pending Investigation To the Hospital or Attendin within 24 hours after death.

To the Funeral Director: Af completely filled in by the fu death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Piece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 | Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, end due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, dete and place, end due to the cause(s) end menner steted. Medical 29e. Certifian 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) completed causa of daath (ttem 23a) (Type, Plint)

DHMH 16 Rev 6/95

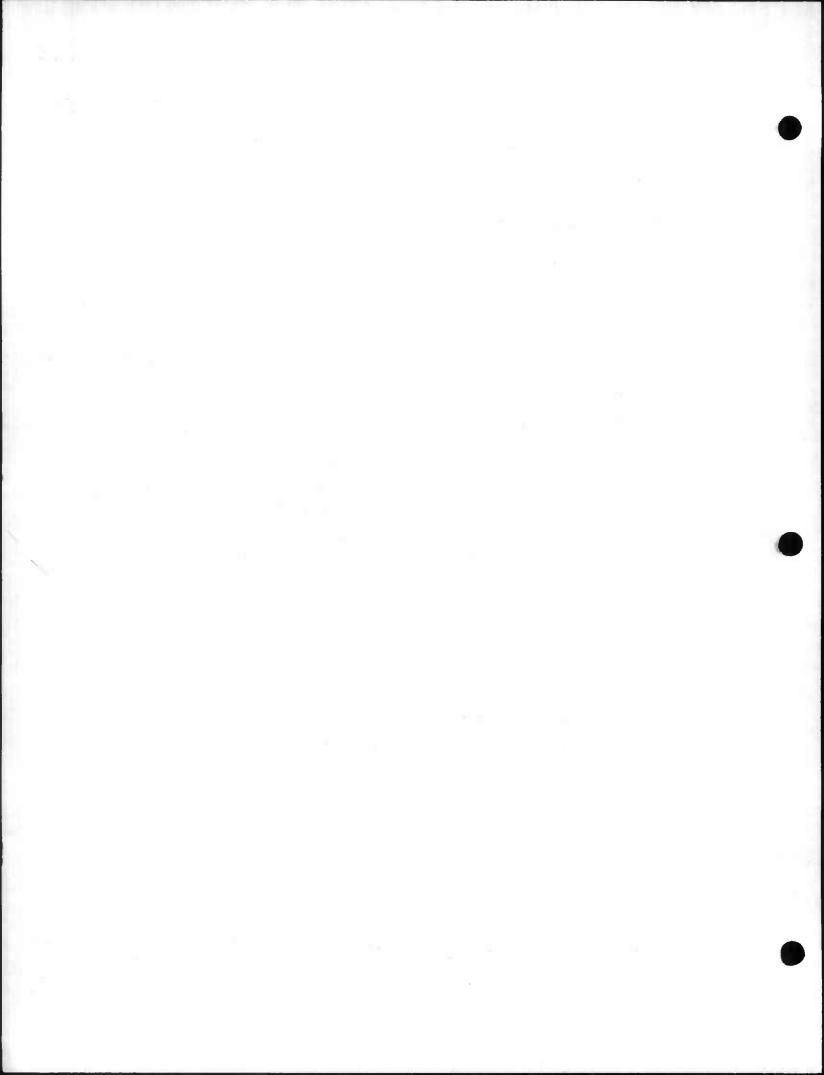
State Registrar



State of Maryland / Department of Health and Mental Hygiene 97 05

05142

							Ce	rtificate o	f Death			Reg. No.			
	Physic /Medi		Decedent's Nam Gene		Cannon						2. Date of De Month Feb. 0	2 1397	Year	3. Time of Death	
	Exami		4a. Facility Name (If not institution,	, give street end n	umber)			4b. City, Tow	n, or Lo	cation of Deatl	4c. Count	y of Death		
1			5414 E	merald	Drive				Sykes	svi l	16	Ca	rroll	County	
Н	Funeral	Г	5. Social Security N		6. Sex	7. Age (In	yrs. lest birthday)	If Under 1 Yes	ar if Under 2	4 Hrs.	8. Date of Bir	th	9. Birth	place (Stete or Foreign	
	Director		216-36-6	171	1 ∑ M 2□ F	5	7 Yrs.	Months Day	s Hours	Min.	(Month, De	3, 1939		vland	
			Usuel Residence o							1	оср.	0, 1000	Pat	yrana	
	show		10a. Stata	10b. County		100	c. City, Town or Li	ocation						10d. Inside City Limits	
	72 hours efter death with the Maryland natural; or items 23s or 28s-f show pics Example must be notified at	Ö	MD	Carro	oll Count	37	Sykesv	1110			1 ☐ Yes 2√71				
		Director	10e. Street and Nu		orr count	· Y	Dynesv	10f. Zip Code				10g. Citizen of	What Cou	ntry?	
		ā									rog. Chizon St. Wild. County?				
		iral		merald					21784	0.10		Turn		U.S.A. e-American Indian,	
		Funeral	11. Marital Status		12. Was Dec Armed F	orces?	in 0,5.	Was Decedent o	Puerto	Ricen, etc.)	Bla	ce - Ameri			
20	S of	by F	1 Never Marr		If Yes, G	2 No		1□ Yas 2XN	o Specify:			Speci	ty: W	hite	
21215-0020	"natural",		3 Widowed	4 L Divorced	Yaar or l	Dates:							, ,,,	IIICE	
5		ete	(Spec	 Decedent cify only highes 	s Education t grede completad)	(Give	16e. Decedent's Usual Occupation (Give kind of work done during most of working) 16b. Kind of Business/Industry						dustry	
2		Completed	Elementary/Seco	ondary (0-12)	College	(1-4or 5+)	life.	DO NOT use reti	red)	d)					
	filed within Hygiene. ther then "		8					Servicen	nan			Heati	ng/Ai	r-Condition	
Maryland	should be filed and Mental Hygi marked other imatic event,	Be	17. Father's Name	(First, Middle, L	last)				18. Mother	s Name	First, Middle	, Maiden Sume	mē)		
/la	Vid the View of the office of	To	Geo	rge Car	non				r	mkn	Oum				
an	2 should be end Mental s marked o	-	19a. Informent's N	,			19b. Melli	ng Address (Stre			KNOWN Rurel Route Number, City or Town, Stete, Zip Code)				
	1 and 2 : Health or em 27 is		Mrs. Pau	lette M	I. Cannon	(Wife	e) 5414	Emeralo	Drive.	Sv	kesvili	le MD	21784		
ē,	s 1 end 2 should be filed within f Health end Mental Hygiene. Item 27 is marked other than other traumatic event, tra. M		20e. Method of Dis		_	-	0b. Plece of Dispe	osition (Neme of			Dete	20c. Location		own, State	
Baltimore,	90 = 5				3 ☐ Removal from	State		metory or other p			15 105				
I	permit. Peges 1 end Department of Health Important: If item 27 eny Injury or other tr once.							athedral Cemetery 2/5/97 Baltimore, MD						MD	
3a			1 - 1 - 1						22. Name end Address of Facility HAIGHT FUNERAL HOME & CHAPEL (Box 195)						
	GD 2 0 0		P	rean	X. 180	ught	ans cue					10)=795		95)	
			23a. Part1, Enter t	he diseesa, or o	complications thet	calised the	death. Do not en	ter tha mode of d	ying, such as c	erdiac c	or respiratory e	rrest,	-1400	Approximate	
4	Physician /Medical		23a. Part1. Enter the diseesa, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heert feilure. List only one cause on each line. Approximate Interval Between Onset end Deeth												
			Immediate Cause (Final disease or condition rasulting in death) e. Acute Myo cardial Infarction												
	Examiner		disease or condition resulting in death)	n	θ	_//	we	1.14	O car	ar	we	ullu	ran	on	
	1 500	ē				Due	to (or es a conse	quence of):					1		
	nsit led	Examiner	b												
	certificate be executed iding physician and iss as the buriel-transit	Xai	Sequentially list conditions, If any, leading to immediate												
60	be ed iciam burie										i				
68760,	phys the	v/Medical	that initiated events resulting in death) Last Due to (or as e consequence of):												
9 xc	certifice nding pl use es t	Me													
Bo					<u> </u>								1		
	the elthed for	Physicia	Part II. Other signif	icant condition	ns contributing to	death but no	t resulting in the u	inderlying ceuse	given in Part I.		23b. Dld	tobacco usa c	ontribute	6 the cause of death?	
P.0	uires thet the der n signed by the e	hy	1ext Vertinalar Deri						1 Ves 2 No 3 Probably 4 Unk					bably 4 Unknown	
Ś	s the	by F		1	119	Cas	ccr								
Ď	The law requires thet the death lite has been signed by the etter page 2 should be detached for i			1000	A 16	×	/	λ			24e. Was	an autopsy		ere autopsy findings	
of Vital Record	v requ	ete		IPPI	Ve ve	MAC	lac	Lysn	MOTIC	22	perfe	ormed?	CC	valleble prior to emplation of causa	
3e	has ye 2	Completed										/	of	death?	
7				,							1 🗆	Yes 2☐No	1	☐ Yes 2☐ No	
/ita	certificate rector, pag	Be	25. Was casa refer exeminer?	to medical					26. Plece of Death (Check only one)						
£ >	5 00	2	1 Yes 2	No	Hospital:	Inpatient	2 ER/Outpatie	nt 3 DOA	Other: 4 Nurs	sing Ho	me 5 Resi	dence 6 □Ot	her (Speci	(y)	
0	g Ph er th seral	1 1	27. Manner of Deat		28a. Date	of Injury oth, Day Yea	28b. Time o	f 28c. In	c. Injury at Work? 28d. Describe how injury occurred						
0	Attending For death. ector: After by the funer	at l	1 Natural 2 ☐ Accident	5 Pending Investiga		nn, Dey 1 ea	ar) Injury		Yes 2 N	0					
Division	or Attendia	flea	3 Suicide	6 Could no	ot be 28e. Plac	e of Injury -	At home, farm, st	home, farm, street, factory, office			28f. Location (Street and Number or Rurel Route Number,				
á	10年前三	Certification:	4 Homicide	/		ding, etc. (Sp			City or Town, Stete)						
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	Hos Pun Fun	edical	(Check only one)	2 Medical E	Phyaician: To the kaminar: On the b	pasis of exer	minetion end/or In	vestigetion, In m	y opinion, deeth	occurre	ed at the time,	date and plece	, and due t	o the cause(s)	
	To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	Med	29b. Signature and	title of an aid.	and mar	nner stated.		00-11-	nno n			00d Date -1:	ad (8.8 - 11	Day Vecal	
	5 × 5 0		290. Signature and	tige of certiner	_ /	7	1	29C. LICE	nse number	e		29d. Date sign	ea (<i>Montn</i> ,	Dey, Year)	
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State of Maryland / Department of Health and Mental Hygiene 97

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						Ce	rtificat	e of	Death			Reg. No.		00	1 10
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	Physic /Medi		RALPH SENEY	COSDEN							FEBRUA	RY 6, 1	997	4:	05 AM
ř	Examil		4e. Facility Neme (If not institution, gi	ve street and number)					4b. City, To	wn, or L	ocation of Dea	th 4c. County	of Death	0	
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	Funeral				e (In yrs. I	last birthday) If Under Months	1 Year Days		24 Hrs. Min.	8. Data of Bi (Month, D	rth ev Year)	9. Birth	pleca (Steta	or Foreign
Ш	Director		213-18-5962	1X M 2□F	79	Yrs.	WOULTS	Days	Hours	TVIII.	APR. 2	2,1917	MARY	LAND	
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	anyla shon	by Funeral Director					ocation							10d. Insida 1 □ Ve	s 2 No
1	he M		MARYLAND CARROLI		DETOUR						40. 000 00			X	
	£ 8 8		10e. Street and Number		10f. Zip Coda						10g. Citizan of				
5-0020 72 hours after death with the Maryland	s 23		1315 NAYLOR'S MII	12. Was Dacedant I	21.725 Ever In U.S. 13. Was Decedant of Hispanic Origin? (Spill Yas, specify Cuban, Maxican, Puarto					acity Vac or N	14 De	USA			
	item item		11. Maritel Stetus 1☑ Navar Married 2☐ Married	Armed Forces?		5. 13.	If Yas, spec	ify Cub	an, Maxica	n, Puarto	Rican, atc.)	Ble	14. Race - Amarican Indian, Bleck, White, etc.		
21215-0020	be filed within 72 hours after death with the Maryfar hal hygiene. d other than "natural", or items 23s or 28s-f showevert, the Medical Examinat must be notified at		3 Widowed 4 Divorced	ft Yas 2 ☐ N If Yas, Giva Yaar or Datas:	WW :	1 ☐ Yas 2√ No Specify:					Specif	Specify: CAUCAS		N	
ŏ	2 hou	Pe	15. Decedent's E	ducation	VVVV	16a, Dece	edent's Usua	I Occu	pation			16b. Kind of B	usinass/ir	ndustry	
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aryland	should be and Mental marked of urmatic eve	To	JOHN P. C	OSDEN			_		MAR	Y		TROG	LER		
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Ĕ	Pages ment of ant: If it ury or o		4 Donation 5 Other (Speci		SM	ITHSBU	JRG CR	EMA	TORY	2	/6/97	SMITHS	BURG .	MARY	LAND
Ball	permit. Pag Department Important: h any Injury o		21. Signeture of Funaral Sarvice Lice	nsaa		2	2. Neme en	d Addre	ess of Fecili	y 13	6 EAST	BALTIMO	RE SI	TREET	
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	Physician /Medical Examiner	Examiner	Immediata Causa (Final diseasa or condition rasulting in death)	b	Due to (or	LECOTOR OF AS A CONSE	equance ot):	00,00	NARY	1 V4	BCULA	e dist	ASE	14	ear
X 587	eath cartificate be asscuted attending physician and I for usa as the burial-transit	Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underfying Cause (Disease or Injury that initiated events rasulting in death) Last	c		es e conse							1		
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J.	res that the designed by the a	hys	Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.								1 Yes 25 No 3 Probably 4 Unknown				
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DIVISION	s eftar de il Direct	Certific	3 Suicide 6 Could not l 4 Homicida datarmined	ma, farm, si						on (Street and Number or Rural Route Number, r Town, Stata)					
	To the Hospital or Attent within 24 hours eftar deati To the Funeral Director: complately filled in by tha	edical C	29a. Cartifiar (Check only one) Certifying Pl	nysician: To the best of miner: On the basis of and mannar sta	axaminat	viedga, daal ion and/or ir	th occurred anvastigation,	at tha ti	ima, data ar opinion, das	nd place, ath occur	and due to the red at tha tima	cause(s) and m	enner es	steted. to the cause	n(s)
	To the To the Comi	Σ	29b. Signature and title of certifier ATTENDING 29c. License number							29d. Dete signed (Month, Day, Year)					
			PHYSICIAN D21155 FE							FEB. 6	EB. 6, 1997				
			30. Name end eddrass of person who ARTHUR L. RUDO,	M.D. 904	WASH	INGTO	N ROAI) WE	ESTMIN	STEF	R, MARY	LAND 211	.57		
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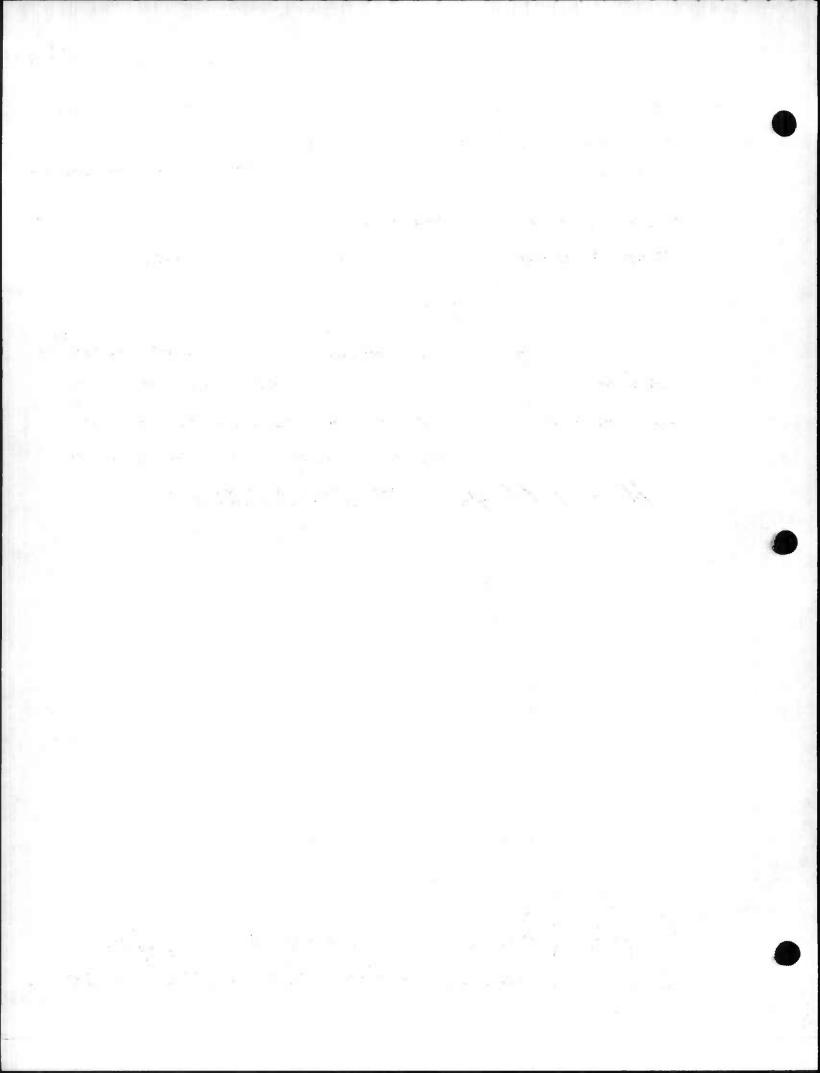
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_			1 Decederly None (First Mark)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		tificate of	-	Re	g. No.	1	15144
Physic /Med		ical	1. Decedent's Neme (First, Middle, Last) Thomas Frederick Crar		2. Dete of Deeth Month Dey Yeer February 8, 1997 16						
ľ	Exami		4e. Fecility Neme (If not institution, give street en Kent & Oueen Anne's H		4b. City, Town, or Loc Chestert.ow		4c. County of				
	Funerai Director		5. Social Security Number 6. Sex 12xm 2	7. Age (In yrs.	lest birthday) Yrs.	If Under 1 Year Months Deys	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Dey,		9. Birthple	ce (State or Foreign y) ichusetts
	how		Usuei Residence of Decedent 10e. Stete 10b. County	y, Town or Lo	cation				100	d. Inside City Limits	
	Sa-f s	Director	Maryland Queen Anne	Sı	udlers						1 ☐ Yes 2 ☑ No
	with the		10e. Street end Number			10f. Zip Code		10	g. Citizen of W	het Countr	y?
	within 72 hours after death with the Maryland ans, than *natural; or frams 23a or 28a-f show the Medical Examinar must be notified at	To Be Completed by Funeral		Decedent Ever in U, ad Forces?	S. 13. V	21668 Vas Decadent of H Yes, specify Cub	dispanic Origin? (Spec en, Mexicen, Puerto R	ity Yes or No- ican, etc.)		- Americe	
-0020	hours af tural', or		3 Widowed 4 Divorced Yeer	red Forces? Yes 2 No. No. No. No. No. No. No. No.	an	Yes 210 No			Specify:	WI	ite
21215-0020	be filed within 72 hours after death with the Marylan stal Hyglene. Id other than "natural", or frame 23a or 28a-f show event, the Medical Examiner must be notified as		(Specify only highest grede comple	ted) ge (1-4or 5+)		ent's Usuai Occup kind of work done OO NOT use retired	Broa	Sys Broadcasting			
Maryland	should be filed and Mental Hygie marked other unatic event, it		17. Fether's Neme (First, Middle, Last) Hugh Crane				18. Mother's Name ((First, Middle, Merine F			ane
Mar	l 2 sho		19a. Informent's Neme/Relationship (Type, Print))			end Number or Rure!				
	1 and Health em 27		Frances M. Crane 20e. Method of Disposition	20b. P			rch Rd. Su		11e, MD		
MOT	Peges nent of I int: If its ary or o		1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removal f 4 ☐ Donetion 5 ☐ Other (Specify)			sition (Name of letory or other piece y's Cemet			Northam		
Baltimore,	permit. Peges 1 and 2 should Depertment of Health and Men Important: If item 27 is marks any injury or other traumatic once.		21. Signature of Funeral Service Licensee		22.	Name end Addre				pron,	riass.
	Physician		23e. Pert1. Enter the disease, or complications to shock, or heart feilure. List only one ceuse	het caused the death on each line.	P.(). Box 16	50 Greensb	oro, MD	21639	1	Approximete ntervel Between Onset and Deeth
	/Medicai Examiner		Immediate Cause (Finel disease or condition resulting in death)		ANE S		TERNIC (Zuptun	e	6	Pob>59
	outed id ansit	Examiner	b	SPLECH (as e consequ						
68760,	law requires that the death certificate be executed as been signed by the attending physician end in 2 should be detached for use as the bunal-transit	Medical Exa	Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	throm!	1 -	- poem	<i>ω</i>			1	
Box	death cert e attendin ed for use	Physician/N	dPert II. Other significant conditions contributing	to death but not resu	iting in the un	derlying ceuse giv	en In Pert I.	23b. Did tob	acco use con	Fibute to t	he cause of death?
s, P.O	es that the death cei igned by the attendir be detached for use	by Phy	Prin Stot nic								bly 4 ☐ Unknown
Records,	law require as been si 2 should t	Completed		1				24e. Wes en perform	autopsy ed?	eveii	autopsy findings eble prior to pletion of cause ath?
	: The law cate has							1 ☐ Yes	2 No	10	Yes 20 No
Vital	Physician: The this certificate and director, peg	o Be	25. Wes cese referred to medicel examiner? Hospitel:			Oth Oth	26. Plece of Death (
ō	y Phys er this eral di		27. Menger of Deeth 28a. D	The state of the s	ER/Outpatient 28b. Time of Injury	3⊡ DOA DOM 28c. Injun Worl	4 LI Nursing Home	e 5 🗆 Residen d. Describe hov			
S	Attending Price death.	atio	2 Accident investigation		Work? 1 □ Yes 2 ☑ No N A						
DIVISION	frec frec n by	Certification:	3 ☐ Suicide 6 ☐ Could not be determined 28e. P	leca of Injury - At hor uilding, etc. (Specify,	me, ferm, stre	et, factory, office	28	f. Location (Stre City or Town,	et end Number State)	r or Rural F	Route Number,
	To the Hospital or At within 24 hours after of the Funeral Directompletely filled in by	edicai	/ (\ X)-	the best of my know ne basis of exemineti nenner stated.	vledge, death on end/or inve	occurred et the timestigetion, in my of	ne, dete end piece, en pinion, deeth occurred	d due to the ceu at the time, det	use(s) end men e and place, ar	ner as stet nd due to th	ed. ne ceuse(s)
	Vite To To	M	299. Signature and title of certifier	~		D 3	e number	29	d. Dete signed	(Month, De	y, Year)
			30. Name and address of person who completed of	euse of deeth (Item	23a) (Type, P	rint) SPERN	Rd. C	(8 E 90 8	noran	mo	121621

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Registrar

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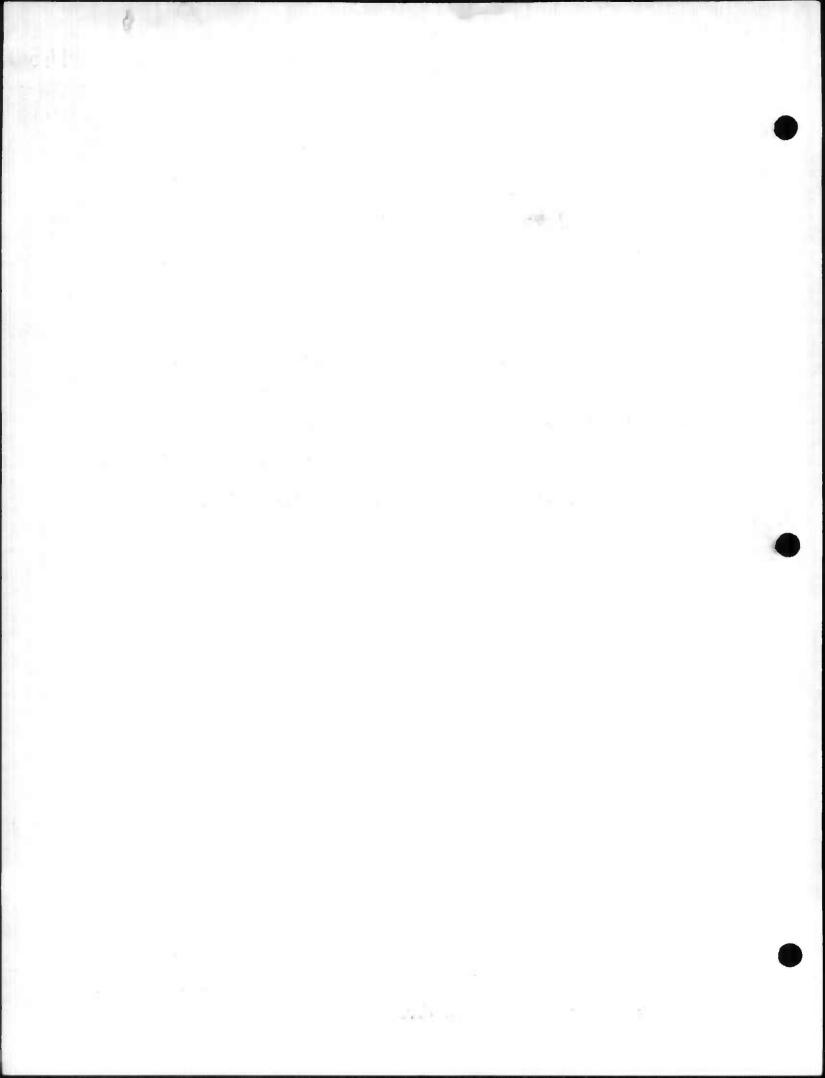


State of Maryland / Department of Health and Mental Hygiene 3/18/97 Certificate of Death Items: 23 part I,27,28a,b,c,d,e,f per MEO G-745 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month RUTH /Medical FEBRUARY 13,1997 1738PM 4e. Fecllity Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner DILLARD PLACE 12202 FORT WASHINGTON PRINCE GEORGES 8. Dete of Birth (Month, Dey, Year) 11/18/22 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplece (Stete or Foreign Country) **Funeral** Months Deys Hours Min. 1 M 2 KF Yrs. Director 74 260-34-1331 Georgia Usual Residence of Decedent the Menyland 10a. Stete 10b. County 10c. City, Town or Location permit. Peges 1 and 2 should be filed within 72 hours efter deeth with the Menylan Department of Heelih and Mental Hygiene. The firmoptant: If them 27 is marked other than "natural", or itema 23a or 28a-1 show any injury or other traumatic event, the Medical Examiner must be notified at 10d. Inside City Limits P.G. Md. Ft. Washington 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 12202 Dillard Place 20744 U.S.A. Funeral 12. Was Decedent Ever in U.S. Armed Forces?

1 ☐ Yes 2 ☑ No if Yes, Give Yeer or Detes: 11. Maritel Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: Black þ 3 H Widowed 4 Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) College (1-4or 5+) Elementery/Secondery (0-12) yrs. Bakery Helper Restaurant 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surneme) Be Charlie C. Hall Mamie Hogan 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Alice Haywood/Daughter Same as # 10 above 20b. Plece of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete Burial 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Harmony Mem. Park 2/19/97 Landover, Md. 22. Name end Address of Fecility 21. Signeture of Funeral Service Licenses H.S.Washington & Sons,inc. 4925 Burroughs Ave., N.E. arry 23e. Pent1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Final DROWNING COMPLICATING HYPERTENSIVE ATHEROSCLEROTIC CARDIOVASCULAR DISEASE diseese or condition resulting in deeth) Examiner Due to (or es e consequenca of): Examiner sloian and buriel-trensit Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequence of): physician s the buriel Box 68760. Physician/Medical Due to (or es e conseguenca of): P.0. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? s been signed by ti 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Were autopsy findings eveileble prior to 24e. Wes en eutopsy Completed completion of cause of deeth? 1 ¥Yes 2 □ No 1 XYes 2 No certificate Division of Vital of the offing Physician: effer death. Director: After this certifica 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1⊠ Yes 2□ No Other: 4 ☐ Nursing Home 5 ☒ Residence 6 ☐ Other (Specify) 2 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred Certification: 28c. Injury et Work? foundry 5 Pending investigation 1 Naturel 1 ☐ Yes 2XXNo found 2/13/97 2:30 P subject collapsed in bathtub 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 281. Location (Street end Number or Rurel Route Number, City or Town, Stete) 12202 Dilard Place illed in by 4 Homicide home To the Hospital of within 24 hours e To the Funeral D Ft. Washington, Md. 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) and menner es steted. Medical 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29c. License number 29b. Signeture end title of certifier 29d. Date signed (Month, Dev. Yeer) O.C.M.E. FEBRUARY 14. 1997 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) S. Radentz, MP 111 Penn Street, Baltimore, Maryland 21201 31. Dete filed (Month, Day, Year) 32 Registrer's Signature State

Registrar

FEB 18



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State of Maryland / Department of Health and Mental Hygiene 97 05 146

						,	Cer	tificat	e of	Death		Rec	. No.	, ,	0170
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			NATIONAL 1	NAVAL	MEDICAL	L CEN'	TER			BETHI	ESDA		N	ONTGOM	/FDV
	Funeral		5. Social Security Number	1 - 0			lest birthdey)	If Under		If Under 24 Hr		e of Birth			e (State or Foreign
	Director		124-48-0655 Usuel Residence of Decedent	10	M 2 F	44	Yrs.	Months	Deys	Hours Mir	8/19	e of Birth oth Day 0/52	(ear)	Jamair	ca,W.I.
	Mend Mend		10e. Stete 10b. Cour	ty		10c. Cit	ty, Town or Loc	cation						10d.	. Inside City Limits
	Man	to	MD P.G			Ft	. Wash	ning	ton					1₽Yes 2□N	
	284	Je C	10e. Street end Number					10f. Zip				100	. Citizen of	What Country	?
	filed within 72 hours after death with the Marylend Hygiene. ther than "naturel", or items 23a or 28a-f show ont, the Medical Exemple must be notified at	Funeral Director	3806 Oaklaw						074				J.S.A		
	er de	S	11. Maritel Stetus		Wes Deceden Armed Forces	?	,S. 13. W	Yes, spec	dent of F cify Cub	lispanic Origin? (en, Mexican, Pue	Specify Ye	s or No- etc.)		ce - American ck, White, etc	
21215-0020	f, or i	by F	1 Never Merried 2 M M 3 Widowed 4 Divorce		If Yes, Give Yeer or Detes		1	☐ Yes	M No	Specify:			Specify	y: Jama	aican
9	2 hou	8	15. Deced	ent's Educ			16e. Deced	ent's Usu	el Occur	pation		16	Sb. Kind of B	usiness/Indus	
75	July T	plet	(Specify only high	nest grede	completed)		(Give I	kind of wo	rk done	during most of wi	orking				,
212	filed with Hygiene. ther than	Completed	Elementery/Secondary (0-12	,	Coilege (1-4or 2	5+)	Reg	jist	ere	d Nurse	9	F	Hospi	tal	
P	be filed tel Hyg d other event,	BeC	17. Fether's Neme (First, Middl	e, Last)						18. Mother's Na	me (First,	Middle, Me	iden Sumen	ne)	
Maryland	12 should be filed h and Mentel Hygi I a marked other traumatic event,	To B	Eustace Cop	elan	ıd					Conse	eula	H	erra	ro	
ary	d 2 should th and Mer 7 is marks traumatic	-	19e. Informent's Neme/Reletio	nship (Typ	oe, Print)		19b. Meiling	g Address	s (Street	end Number or F	Rural Route	Number,	City or Town,	State, Zip Co	ode)
	2 = 5 -		William Cla	rk			3806	Oak	law	n Rd.Ft	. Wa	sh.N	1d.20	744	
ē,	T = 2 2		20a. Method of Disposition			20b. F	Plece of Dispos cemetery, crem	ition (Nar	me of		Dete	20	c. Location	- City or Town	, State
90	Pages net of I net: If ite		1 Burlei 2 □ Cremation 4 □ Donation 5 □ Other		emovei from State	8	 Vet. 				/10	97C	alta	nham,	Бм
Baltimore,					A .	rja			-						Hu.
Ba	permit. Departr Importu any infr		1 Drice	22. Name and Address of Facility Hodges ad Edwards 3910 Silver Hill RD.Suitland.MD.20746											
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			23e. Part1. Enter the diseese, shock, or heart feilure. Li	st only on	e ceuse on eech	line.	n. Do not ente	ir the mod	e or cryin	ng, such es cardii	or respir	atory arres	τ,	In	pproximate tervel Between nset and Death
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	Examiner		disease or condition resulting in deeth)	0.	RUP	TURE	ANEUR	YSM							
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6	rificate be axecuted ng physician and as the burial-transit	xar	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury			(or es e consequence of):									
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387	tificate ng phys as the	ğ	resulting in death) Lest		Due to (or es e consequence of):									- 1	
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	that the detail											1 🗆 Yee	2 No	3 Probab	oly 4 Unknow
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Viital	Physician: The this certificata ral director, page	Be	25. Wes case referred to medic exeminer?						Lau	26. Place of De	ath (Chec	k only one			
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E C	ding Phy h. After thi funeral	 0	27. Menner of Deeth 1 □ Naturel 5 □ Pend	lina	28a. Dete of Inj (Month, D	ury e <i>y Year)</i>	28b. Time of Injury	2	8c. Injur Wor	y at rk?	28d. De	scribe how	injury occur	red	
Divislon	Attending ir death. ector: Atte by the fune	Certification:	2 Accident Inves	tigation				М	10	Yes 2 □ No					
≅	or Attend efter death Director: / d in by the	=		mined	28e. Piece of Ir building, e	njury - At he	ome, ferm, stre	et, fectory	y, office			ation (Stre		per or Rural R	oute Number,
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	within 2 To the I	Med	one)		and menner s	teted.				····					
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	(2)		1/25/10		MA-55198 (NJ) 2-4-9				97						
1	7/		30. Neme end address of perso	who con	npleted cause of	deeth (iten	n 23e) (Type, P			IONAL NA		EDICA	AL CEN	TER	
(1/		P.B.MITCHELI	LCI	DR, MC,	USN			BET	HESDA MD	2088	9-56	00		
	Sta		31. Dete filed (Month, Day, Yea	997	Regis	rar's Signe	ture								

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of Maryland / Department of Health and Mental Hygiene	1 0	151	4

						Cer	tificate of	Death	Re	g. No.		
П	15.00		1. Decedent's Name (First, Middle,	Last)					2. Dete of Deeth	1		3. Time of Death
	Physic /Medi		JOSE A	CA	NALE	S			JAN.30	Dey	Yeer 7	1749
Ď.	Exami		4e. Fecility Neme (If not Institution, g	give street and number)			4b. City, Town, or		4c. County		2713
1			200 N.EUTAW S	ST.				BALT	IMORE		NIA	
П	, Funeral	Г	5. Sociel Security Number 6		ge (In yrs. I	ast birthday)	if Under 1 Yea Months Dey:		8. Dete of Birth (Month, Dey,		9. Birthplece	(State or Foreign
ı,	Director		593-11-0701	1 X M 2□ F	33	Yrs.	Months Dey:	s Hours Min.	3/20/6	3	ELSAL	VADOR
	pu »		Usuei Residence of Decedent 10e. Stete 10b. County		10- 01	- 100 - 1						
	ehon ehon	2	,			, Town or Loc						Inside City Limits
	Ne M	Directo	MARYLAND		B	ALTIM						Yes 2 No
	No.		34 CHARLES ST	APT.27			10f. Zip Code		10	G. Citizen of	What Country?	
	filed within 72 hours efter death with the Maryland Hygiene. Thatural', or fterns 23a or 28a-f ehow ont, the Medical Evarriest must be notified at	Funeral					21202					
	er de	L L	11. Maritei Status	12. Was Decedent Armed Forces	?		as Decedent of Yes, specify Cu	Hispenic Origin? (S ben, Mexican, Puert	pecify Yes or No- to Rican, etc.)		ca - American i ck, White, etc.	ndien,
20	S of	by F	1 Never Merried 2 Married 3 Widowed 4 Divorcad	If Yes, Give	No	1	TyYes 2□ No	Specify: FL	SALVADOI	R Specif	HISPA	NIC
21215-0020	hou	8	15. Decedent's	Year or Detes:		16e Decede	ent's Usuel Occu					
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la I	should be ad Mental marked o	TOE	EXPECTACION	BLANCO				TEORO	RA CANAI	_EZ		
Maryland	s 1 and 2 should be filed f Health end Mental Hyg tem 27 le marked other other traumatic event,		19e. Informent'e Neme/Reletionship	(Type, Print)		19b. Mailing	Address (Stree	et end Number or Ru	aral Route Number,	City or Town,	Stete, Zip Co	de)
	1 and 2 Health Im 27 I		MARIA CANALE	Z {ZIZTE	R}	6040	RICH	10ND HWY	IA LEOZH.	LEX.	VA - 223	303
Itimore,			20e. Method of Disposition	□Removal from State	0.0		ition (Neme of etory or other pl	ece)	Dete 2	Oc. Location	City or Town,	Stete
E	permit. Pages Department of I Important: If ite any injury or or once.		4 Donetion 5 □Other (Spec			AMILY (CEMETER'	Y	2-10	ELSA	LVADOR	3
a	Depart Import any inj		21. Signeture of Funerei Service Lic	ansee	0.0	22.	Neme end Add	ress of Fecility LE	HTS FIINE	RAI I	HOME	4
m	82589		Ihall	so Bel		31	1 N.PA	TRICK	T. ALEX	ANDRI	A VA - E	22314
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8	Physician		ortoot, or recent foliate. Clat on	y one couse on each							On	ervei Between set end Death
	/Medical		Immediete Cause (Finei diseese or condition	Gun	shet	Wound	d of	the hea	d			
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ň	res thet the death or signed by the attan be detached for u	ciar									1	
o.	the d	Physicia	Pert II. Other significent conditions	contributing to death b	out not resui	ting in the und	lerlying cause g	iven in Pert I.				cause of death?
J.	thet bed better	by PI							1 Yes	2 2 No	3 Probabl	y 4 ☐ Unknowi
ords,	requires thet the								24a. Wes en	eutopsv	24b. Were a	autopsy findings
9 0 0	- 00	Completed							perform	ed?	compie	ple prior to etion of cause
T T	The law ata has b page 2 s	ш							Inspect		of deat	
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	Physician: this certific ral director,	O B	exeminer? 1 √Yes 2 No	Hospitel:	ant 2 🗆 E	R/Outpetient	3 DOA OI	her	th (Check only one,			
ō	£ 5 m	L L	27. Menner of Deeth	28e. Dete of Inju (Month, De		28b. Time of	28c. Inju		ome 5 ☐ Residen 28d. Describe how			MALL
0	or Attending P after death. I Director: After d in by the funer	ertification:	1 ☐ Neturel 5 ☐ Pending 2 ☐ Accident Investigation			Injury		ork?]Yes 2,2(No	Self ins			ot wound
INIS	Attendar daath ector:	Hick	3 Suicide 6 Could not determine	be 28e. Pieca of Inj	ury - At hon		at, fectory, office		28f. Location (Stre	et and Numb	er of Rural Ro	ute Number
5	s afta	Cert	- LI HORINGO	building, etc	c. (Specify) XING t	on N	larket		Baltimere			taw Street
	Hospital 24 hours a Funeral C		29a. Certifier (Check only (hysician: To the best of	of my know	edge, deeth o	occurred at the ti	ime, dete end piece,	end due to the ceu	se(s) and me	anner es steted	
	The H	edical	one) Madical Exa	miner: On the basis of end menner ste	f examinetic	on end/or inve	stigetion, in my	opinion, deeth occur	rred et the time, dat	e end place,	and due to the	cause(s)
	To the To the	Σ	29b. Signeture end title of certifier	4			29c. Licen	se number	290	d. Dete signe	d (Month, Dey,	Year)

State Registrar

Mρ111 Penn Street, Baltimore, Maryland 21201

OCME

JAN.31,1997

State of Maryland / Department of Health and Mental Hygiene 05148 Certificate of Death 1. Decedent's Nama (First Middle Last 2. Data of Daeth 3. Tima of Deeth **Physician** . Month lanuar 0010 /Medical 4a Facility Name (If not institution 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner arboi timor timore If Under 1 Yaar 6. Data of Birth (Month, Day, Year) 12 3 1932 5. Social Security Number 7. Age (In yrs. lest birthday) Sex 9. Birthplace (Steta or Foraign **Funeral** 10 M 250 F Months Deys Hours WASHINGTON, DO 577-09-9663 Yrs Director 65 Usuai Rasidance of Dacedent the Marylend 10a. Stata 10b. County 10c. City, Town or Location 10d. fnslda City Limits 28a-f show Examiner must be notified at MARYLAND BALTIMORE 1 N Yas 2 No Director 10e. Street end Number 1213 LIGHT STREET 10f. Zip Coda 10g. Citizan of What Country? 6 USA 238 21201 death Funeral Herris 12. Was Dacedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Maritel Stetus 72 hours efter 1 Nevar Merried 2 Married 1 ☐ Yas 2 ☑ No If Yas, Give A Yaar or Datas: Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yas 2 ☒ No Specify: Specify: WHITE by 3 ☐ Widowed 4 ☐ Divorced Completed traumatic event, the Medical 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Pages 1 and 2 should be filed within nent of Health end Mental Hygiene. Int: If Item 27 is marked other than 1 Elementery/Secondery (0-12) Collage (1-4or 5+) UNEMPLOYED 9TH 17. Fethar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Malden Sumame) Be HARRY B. COOLEY EVELYN KOCH 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) permit. Pages 1 and 2
Department of Health e
Important: If item 27 ie
eny injury or other trau DORIS FOX SISTER 13007 MATEY RD, SILVER SPRING, MD 20b. Place of Disposition (Nama of cametery, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from State GEORGETOWN MEDSCHL 27 97 WASHINGTON. DC 4 Donation 5 ☐ Othar (Specify) 21. Signeture of Funaral Sarvice Licensea 22. Nama and Addrass of Facility
AUSTIN ROYSTER FUNERAL HOME 3821 14TH ST NW WASHINGTON? DC 20011 ass, or complications thet caused the daath. Do not enter the mode of dying, such as cardiac or raspiratory arrast, ... List only one cause on each line. Approximata Intarval Batween Onset and Deeth shock, or **Physician** /Medical Immediata Cause (Final disaese or condition rasulting in daath) 2 hours Examiner Examiner disorder The law requires that the death certificate be executed physician end the burial-transit Sequantially list conditions, if eny, laading to immedieta causa. Enter Underlying Cause (Diseese or Injury that Initiated avants rasulting in daath) Lest no theyou dism P.O. Box 68760, Physician/Medical Dua to (or as a consequanca of) 2 hours. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? à 1 ☐ Yee 2 No 3 ☐ Probably 4 ☐ Unknown been signed is should be det Records, þ Completed 24a. Wes an autopsy performad? 24b. Wera autopsy findings available prior to completion of causa of death? page 2 certificate 2 K No 1 ☐ Yas 2 No Division of Vital or Attending Physician: efter death. Director: After this certifica director. Be 25. Was casa refarred to medical 28. Pieca of Daath (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 Yes 2 No Certification: To 1 X Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Mannar of Deeth 28b Tima of 28a. Dete of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28c. fnjury at Work? 1. Natural 5 Panding 1 ☐ Yas 2 ☐ No invastigation 2 Accident 6 Could not be datarmined 3 ☐ Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28e. Placa of fnjury - At homa, farm, straat, factory, office bullding, atc. (Specify) illed in by 4 - Homicide To the Hospital of within 24 hours e To the Funeral D completely filled in Certifying Phyeician: To tha bast of my knowledga, daath occurred et the tima, data and placa, and dua to the cause(s) and mannar as stated.

2 Medical Examinar: On the basis of examination and/or investigetion, in my opinion, deeth occurred at the time, dete and placa, and dua to the cause(s) and manner stated. 29a. Certifier Medical 29b. Signeture end title of certifier 29c. License number 29d. Data signad (Month, Day, Year) D0050860 Santosa Ronny 30. Nama and addrass of person who complated cause of deeth (Item 23a) (Type, Print) N. Eutaw St. Boltmore Konny Santosa 821

3 Pegistrar's Signature

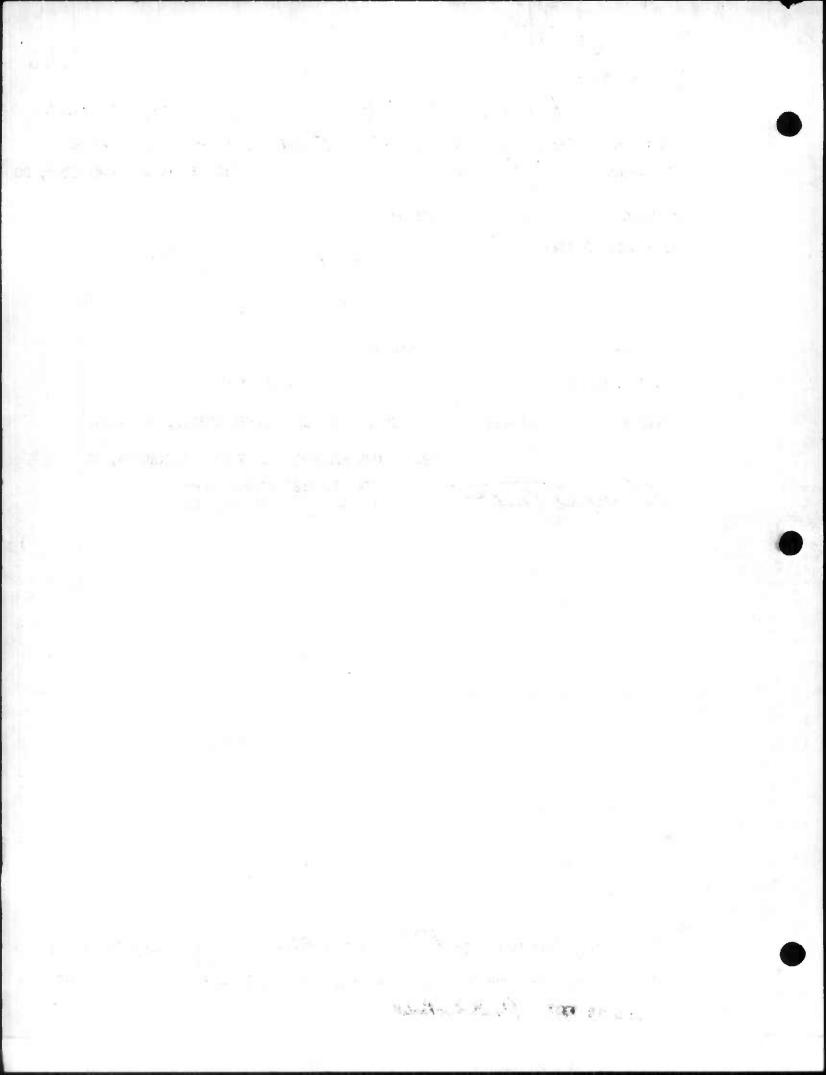
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31. Data filad (Month, Day, Year)

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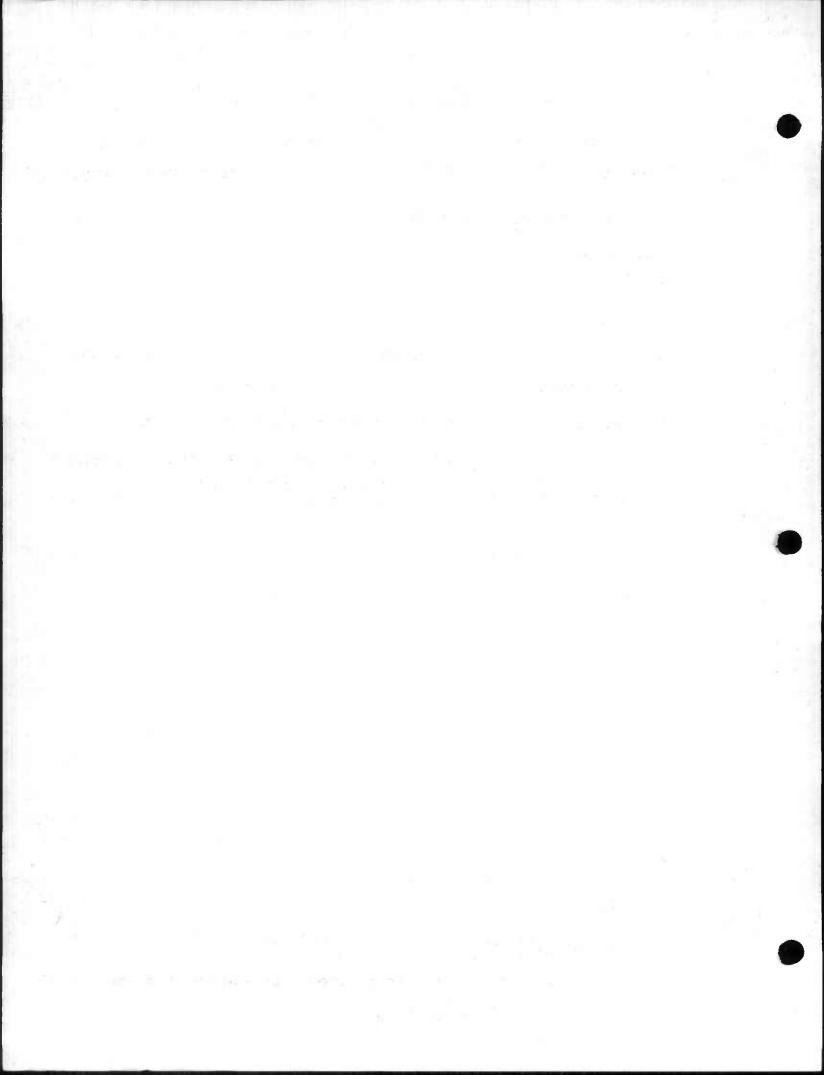


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				State of Ivi	arylario /		irtment of F tificate of		mental Hy	Reg. No.	/ ()5149
	Physic	ion	1. Decedent's Neme (First, Middle,	ast)	0				2. Dete of D Month		Yeer	3. Time of Death
	/Medi		EA	RL	Co	AT	c S		JANU		1997	8.00 Pm
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L			DOUT LEAN		ND T	105/	DATI	CHINTO	W.	PMN	cE	GEORGES
	Funeral Director			Sex 7. Ag 1XM 2□F	e (In yrs. last l 89	Yrs.	If Under 1 Year Months Deys	If Under 24 Hrs Hours Min.	(Month, D	irth ley, Year)		lece (Stete or Foreign try)
			577-28-9425 Usuel Residence of Decedent		09				10 12	2 1907	Mary	land
	how		10e. Stete 10b. County		10c. City, To	wn or Lo	cation				1	Od. Inside City Limits
	a Me	Director	Maryland Prince	George's	Fore	estvi	11e					1X Yes 2 □ No
	it 19	Dire	10e. Street end Number				10f. Zip Code			10g. Citizen of V	Vhat Coun	try?
	s 23e		4353 Forestvill				20747			U.S.A.		
Maryland 21215-0020	in 72 hours effer death with the Meryland "neturel", or fleme 23a or 28a-f show ideal Examinet must be notified at	by Funeral	11. Maritel Stetus 1 ☐ Never Merried 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	12. Was Decedent Armed Forces? 1 ☐ Yes 2 1 1 1 Yes, Give Yeer or Detes:	Ever in U,S. No		Ves Decedent of H Yes, specify Cube	lispenic Origin? (Sen, Mexican, Puerl Specify:	pecify Yes or N o Rican, etc.)		a - Americ k, White, Blac	etc.
5-0	"natural",	eted	15. Decadent's (Specify only highest of	Education	16	a. Deced	ent's Usuel Occup kind of work done O NOT use retired	ation	rkina	16b. Kind of Bu	siness/Inc	lustry
121	within ena. than the	Completed	Elementary/Secondery (0-12)	College (1-4or 5	5+)		ONOT use retired hanic	d)	n'ny	Priva	+0	
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lan	Mental Mental arked o	To Be		kson Coate	es			Alice	Seals	a, meiden Sumem	10)	
ary	SPEE	F	19a. informent's Neme/Relationship	(Type, Print)	15	9b. Meilin	g Address (Street	end Number or Ru	ıral Route Numl	ber, City or Town,	Stete, Zip	Code)
Σ	1 end 2 : Health er em 27 is ither trau		Catherine Edwar	ds/Daughter	4	353	Forestvi	11e Rd,	#202, F	orestvil	le, N	1D 20747
Baltimore,	Pages 1 enent of Herint: If Item		20e. Method of Disposition 1 ☒ Burial 2 ☐ Cremetion 3 4 ☐ Donetlon 5 ☐ Other (Special Contents)		20b. Plece cemet Linco.	of Dispos le <i>ry, crem</i> 1n Me	etion (Neme of etory or other plea emorial (Cemetery	02/05 1997	20c. Location - Suitland		
Balt	permit. Pages Department of Important: If I any Injury or once.		21. Signeture of Funerel Service Lice	er can tie		J.	Neme end Addre	INS FÚNE	RAL HOMI			
			23e. Pert1. Enter the diseese, or co- shock, or heart fellure. List only	nplications thet caused	the deeth. Do		74 Landor				yland	
Ų,	Physician		shock, or heart fellure. List on	y one ceuse on each iir	10.		0	0,				Approximete interval Between Onset and Deeth
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	Examiner	l,	resulting in deeth)	6.	Due to (or es	e consequ	uenca of):	1 /	1	_ ^		- Jacys
	bed hist	nine		b	Boe	u	20	Spell	W (Ue	9~	1	Jokeys.
	ificate be executed g physician and as the buriel-transit	Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events		Due to (or es	e consequ	ience of):					
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68	C 0 6		resulting in deeth) Last	,	Due to (or es e	consequ	enca or):					
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0.	deal he ett ed fo	Physician/M	Pert ii. Other significant conditions	contributing to death bu	ut not resulting	in the un	derlying cause giv	en in Pert I.	23b. Did	tobacco uee cor	tribute to	the cause of death?
s, P.C	v requires that the de been signed by the should be detached	by Phy	Core	na	a cer	te	ry /	z sease	10	Yee 2 No	3 Prob	ebly 4 Unknown
Records,	> 40.04	Completed	-							e en eutopsy ormed?	eve	re autopsy findings illable prior to npletion of cause leeth?
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ō	rnysician: this certific ral director,	၉	1 ☐ Yes 2K No	Hospitel: 1 Inpatier			3□ DOA Oth	4 LI Nursing H		idence 6 DOthe)
C	B 2 2	lo	27. Menner of Deeth 1 ✓ Neturel 5 ☐ Pending	28e. Dete of Injur (Month, Dey	Year) 28b.	Time of Injury	28c. Injun Work		28d. Describe	how injury occurr	ed	
Division	Attending or death. ector: After by the fune	lical	2 Accident Investigation 3 Sulcide 6 Could not	De Diago of Injur	Inv. At home f	form etro		Yes 2 □ No	28f Location	Street end Numbe	ar or Pural	Pouto Number
	after Dire	Certification:	4 Homicide determined	building, etc	. (Specify)	101111, 3110	ot, reatory, ornoa		City or To	wn, Stete)	or marer	riodie rambei,
	vitin 24 hours after death. To the Funeral Director: A completely filled in by the f	edical C	29e. Certifier 1 Certifying P	hyeician: To the best of miner: On the basis of	f my knowledg	ge, deeth	occurred at the time	ne, dete end pleca	end due to the	ceuse(s) end ma	nner as ste	eted.
	the F	Medi	one)	end menner stel	ted.	novoi inve			red et the time,			
į	0 7 × 0		29b. Signeture end title of certific	111,	111 .	1	29c. License	number		29d. Date signed	(Month, E	lay, Year)
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1	0)			completed cause of de			. 1	n ANC 6	0	On	207	35
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I.	Registra		FEB 03 1	197 Juli	r's Signature	Karla	K					

State of Maryland / Department of Health and Mental Hygiene 97 05 150

						Ce	rtificate of	Death		Reg. No.		
Dhoo	1-1	1. Decedent'a Neme	(First, Middle, Li	ast)					2. Dete of D		Veer	3. Time of Death
Phys /Me	ıcıan dicai	SEAN	PAU	JL	DEAD	VΕ			FEB.	01, 19	9 Yeer	3:14 PM
Exar		4e. Fecility Neme (If I	not Institution, gi	ve street and num	ber)			4b. City, Town	, or Location of Dee	th 4c. County	y of Deeth	
		3379 YI	ELLOW S	SPRING				Laurel		ANN	E ARI	UNDEL
Funer	al	5. Sociel Security Nu	mber 6.	Sex 12M 2□F	7. Age (In yrs. i	last birthday	Months Devs		Hrs. 8. Date of B			laca (State or Foreign
Direct	or .	214-39-83	10	1123-M 2∐F	17	Yrs.	Workins Deys	riours	Feb 2	0, 1979	Wash:	ington, DC
P .		Usuel Residence of D	Decedent 10b. County		1.0.00							
show	<u>-</u>	13.77				, Town or L	ocation				10	0d. Inside City Limita
No M	Scto		Prince (George	Lau	rel						1 Yea 2 No
/ith th	Director	10e. Street end Numl					10f. Zip Code			10g. Citizen of	What Coun	try?
ath v	<u>a</u>	110 7th S	treet				20707			USA		
72 hours after death with the Maryland natural', or items 23a or 28a-f show	Funeral	11. Maritel Stetus		12. Wes Deced	ces?	S. 13.	Was Decedent of If Yes, specify Cul	Hispenic Origin ben, Mexican, F	n? (Specify Yes or N Puerto Rican, etc.)	o- 14. Rei Bie	ce - America ck, White, o	
s aft	by F	1 Never Married 3 Widowed 4		1 ☐ Yes	,		1□ Yes 2XNo	Specify:		Specil	White	
natural',	8			Yeer or De	tes:	10a Dani	death Henri Oss	in astan				
	Completed	(Specify	 Decedent's E y only highest gr 	rede completed)		(Giv	edent's Usuel Occu e kind of work done DO NOT use retin	e during most o	f working	16b. Kind of B	usiness/inc	Justry
filed within Hygiene. ott, the Me	E E	Grade 10	dery (0-12)	College (1-	4or 5+)	Port		00)		Crocos	or Cha	200
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d 2 should be the and Manta 7 is marked traumatic e	F	19e. Informent's Nan				19b Mail	ing Address (Stree	1	or Rurel Route Num		State Zin	Code)
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f Health fem 27 I		20e. Method of Dispo			20b. P	eca of Disp	osition (Neme of		Dete Dete	20c. Location		wn, Stete
agas ont of t: If If				Removel from S	tete		metory or other pla		2/6/07	Denombres		4
ortan		4 ☐ Donetion 5			1/		coln Cem		2/6/97		ood, P	Maryland
permit. Pagas 1 an Department of Heal Important: If Item 2 any injury or other	Duce	b 6 1/	7-1111	1 10	/_				al Home,			
		Kell	the year	may	8				. Laurel,		nd 207	
		23e. Pert1. Enter the shock, or heart	failure List only	nplicetions thet ca one ceuse on ee	used the death ch line.	. Do not er	iter the mode of dy	ring, such es ca	rdiac or respiretory	errest,		Approximete Intervei Between
Physicia /Medica		Immediate Course (F)	/									Onset end Deeth
Examine	_	Immediete Ceuse (Fi diseese or condition resulting in death)	inet	e INT	MD ON	UDL	GUNSI	LOT W	CMOO		T.	HMEDIATE
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and and	Хад	Sequentially list cond if eny, leading to imm	ditions, nediate		Due to (or	es e conse	quence of):					
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certificate be axecuted ding physician and ise as the bunal-transit	Medical	that initiated events resulting in deeth) Le	est		Due to (or	es e conse	quenca of):					
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death of attan	Physician											
0 0	iys	Part II. Other signification	ant conditiona	contributing to dea	ith but not resu	ilting in the	underlying cause g	iven in Pert I.				the cause of death?
as that the igned by the									1	Yes 2 No	3 Prob	bably 4 Unknown
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	Completed								per per	formed?	eve	eileble prior to
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Tage at	S								M	Yes 2□No	15	Yes 2□ No
ysician: The is certificate director, pag	Be	25. Wes case referred exeminer?	d to medical	16 6					Deeth (Check only	one)		AT
Physician: this certific ral director,	2	MYes 2□ N	0			ER/Outpetie	nt 3LI DUA		ing Home 5□ Re	sidence 8 XIOti	ner (Specify	SCENE
	- Lo	27. Manner of Deeth 1 ☐ Natural	5 Pending	28a. Date of (Month	Injury , Day Year)	28b. Time (We			how injury occu		
Attanding or death. ector: Affai by the funs	Certification:	2 Accident	investigation	FOO IOD		1009		Yes 2 No	Suns	2001 21	404	SEUR
or Attand after death Director: A	E	3 Suicide 4 ☐ Homicide	determined	28e. Pleca o building	of Injury - At ho g, etc. (Specify	me, ferm, s	reet, fectory, office		28f. Location City or T	(Street and Num. own, State)	ber or Rure	l Route Number,
Ital o irs af					BACKY				3379	YELLOWS	SPR.S	o Bus Bruso
4 hou	edical	(Check only 2	☐ Certifying Ph ☐ Madical Example — Certifying Physics — Certifying	nysician: To the bas	est of my know	vledge, deal	h occurred at the to	ime, dete end p	oleca, end due to the occurred et the time	e ceuse(s) and m	anner as st	ated.
To the Hospital or At within 24 hours after or To the Funeral Direct completaly filled in by	Med	Grie)		end menne	er stated.							
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		ula	while	Melghel	<i>y</i>			O.C.PI.	• •	reb.	161	
7		30. Neme end addres	s of person who									
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	tate	31. Date filed (Month,	Dey, Year)		gistrer's Signet							
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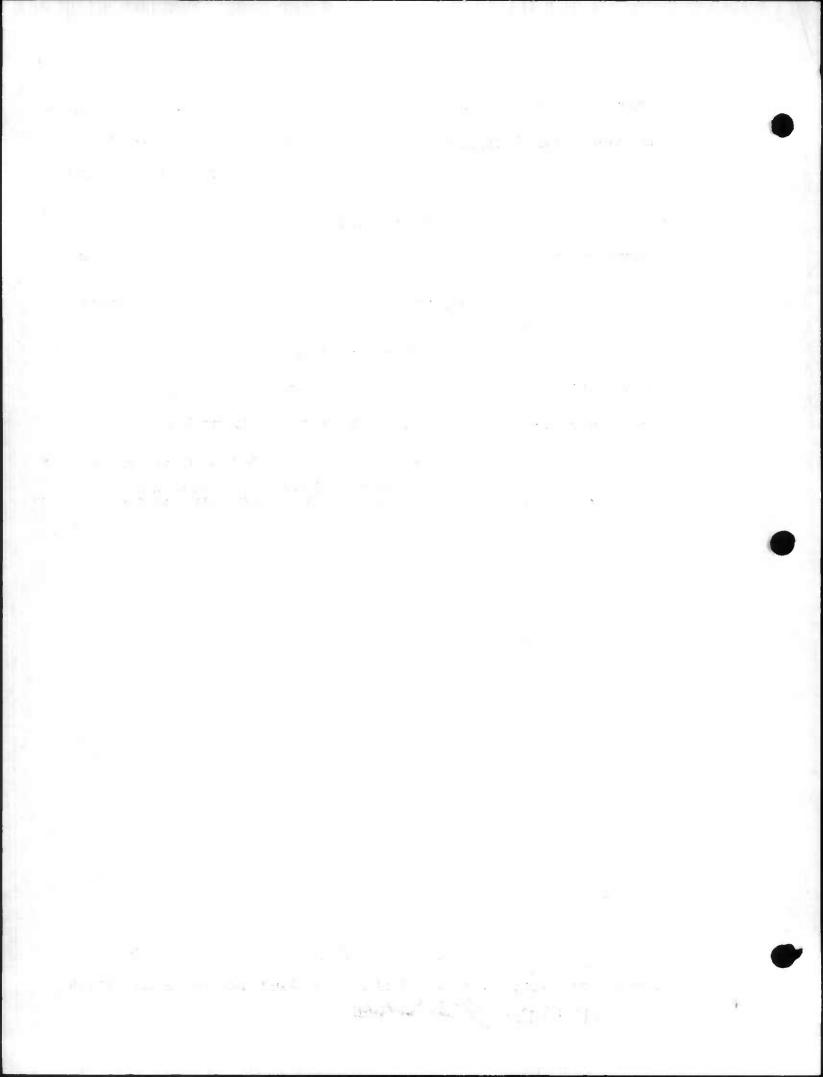


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Deeth 3. Time of Death Month **Physician** George Dahle February 6 1997 5:10AM /Medical 4e. Facility Nema (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Howard County General Hospital 7. Aga (In yrs. last birthdey) | If Undar 1 Yaar | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) | Months Deys Houra Min. | March 18,1937 Howard 5. Sociel Security Number 9. Birthplece (Steta or Foreign Country) Maryland **Funeral** 12XM 2□ F 218-34-2249 Director Usuel Rasidance of Decedant the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show treumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Director Maryland Howard Ellicott City 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? ò 3021 Greenway Drive 21042 United States Items 23a death Funeral 12. Was Decedant Ever in U,S. Armed Forces? 1 ⊠Yes 2 □ No If Yes, Giva Year or Dates: 1960-66 Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yas, apecify Cuban, Maxican, Puerto Rican, atc.) 14. Rece - American Indian, Black, White, atc. should be filed within 72 hours effer on Mentai Hygiene.
marked other than "natural", or Iter 1 ☐ Never Married 2 ☑ Merried Baltimore, Maryland 21215-0020 1 ☐ Yas 2 XNo Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) Development Company Vice President permit. Pages 1 and 2 should be file.
Department of Health and Mentai Hygh Important: If Item 27 is marked any injury or other the any injury or other 17. Father's Neme (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Surname) Be Victor G. Dahle Josephine B. Rusin 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Carla S. Dahle/Wife 3021 Greenway Drive Ellicott City, MD 21043 20b. Piece of Disposition (Name of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donetion 5 ☐ Other (Specify) Gardens of Faith 2-8-97 Baltimore, Maryland 21. Signature of Funerel Sarvice Licenses 22. Nama and Addrass of Facility Harry H. Witzke Funeral Home, Inc. She Collin a 4112 Old Columbia Pike Ellicott City, MD 21043 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediata Cause (Final diseasa or condition resulting in death) Examiner Examiner Dua to (or as a consequence of) physician and the burlel-trensit The lew requires that the death certificate be executed Sequentially list conditions, if eny, laading to immadiata cause. Enter Underlying Cause (Disease or Injury that initiated avents rasulting in death) Last Records, P.O. Box 68760. Physician/Medical Dua to (or as a consequence ot): signed by the at d be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 | Yea 2 | No 3 | Probably 4 | Unknown þ cate has been sign, page 2 should b Completed 24b. Were autopsy tindings available prior to 24a. Was an autopsy performed? completion of cause of death? 20 No 1 Yes 1 ☐ Yes 2 ☐ No certificate Division of Vital Hospital or Attending Physicien: director, 25. Was case referred to medical 86 28. Piace of Death (Check only ona) Hospital: 1 | Inpatient Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 2 ER/Outpatient 3 □ DOA After this 28e. Date of Injury (Month, Dey Year) 27. Mannar of Death 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred Maturat 2 Accidant 5 Pending invastigation 1 Yas 2 No death. Director: A d in by the f 6 Could not be datarmined 3 Sulcide 28a. Piece of Injury - At home, ferm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide within 24 hours a To the Funeral C completely filled Filled 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(a) and manner stated. 29e, Certifian Medicai ro the 29b. Signeture and titla of certifier 29c. Licensa number 29d. Data aigned (Month, Day, Year) 20 30. Nama and eddrass of per cause of death (Item 23e) (Type, Print) JEFFREY COLE M.D. 3449 WILKENS AVENUE #300 BALTIMORE MD 21229 32. Registra's Signatura 31. Data tilad (Month, Day, Year) State FEB 0

Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

2. Deta of Death

Month

Day

3. Time of Deeth

		Physic /Med Exami	ical
	D	uneral	
0	efter death with the Maryland	or items 23a or 28a-f show miner next be notified at	Funeral Director

1. Dacedant's Name (First, Middle, Last)

Physician /Medical Examiner certificata be axecuted and Box 68760 physician the attending | P.O. the detech signed by t Records, peen pege 2 has certificata Vital Hospital or Attanding Physician: 24 hours efter death. Funeral Director: After this certificately filled in by the funeral director, Division of 24 hours To the Hospi within 24 hou To the Funer completely fil

CHARLES PERRY DRAWBAUGH, SR 30,1997 JAN. 8:45 AM 4a. Facility Name (If not institution, give straet end number) 4b. Clty, Town, or Locetion of Death 4c. County of Death SAINT JOSEPH MEDICAL CENTER TOWSON BALTIMORE If Undar 1 Yaar If Under 24 Hrs. 5. Social Sacurity Number 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Dey, Yeer) Days 10 M 2□F Months Hours 215-14-9221 75 OCT 19,1921 WEST VIRGINIA Usual Residence of Decedent 10a, State 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yea 2 No PENNSYLVANIA **ADAMS** LITTLESTOWN 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? 208 ST. JOHNS ROAD 17340 USA 12. Was Decedant Ever in U,S. Armed Forcas? 1 ∑Yes 2 ☐ No II Yès, Giva 11 Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-II Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indien, Black, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 ☐ No Specify: Specify: WHITE altimore, Maryland 21215-002 item 27 is marked other than "natural", other traumatic event, the Macical Exa ð 3 Widowed 4 Divorced Yaar or Dates: W II Completed i filed within 72 h. i Hygiana. other than "natur 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 AUTO ELECTRICIAN **ESSO** 17. Father's Neme (First, Middle, Last) permit. Pages 1 and 2 should be flit Department of Heelth and Mantal Hy Important: If Item 27 Is marked oth any Injury or other traumatic event 18. Mother'a Name (First, Middle, Meldan Sumame) Be REV JACOB WILBUR DRAWBAUGH MARIE PERRY 2 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) PAULINE DRAWBAUGH 208 ST JOHNS ROAD, LITTLESTOWN, PA 17340 20b. Placa of Disposition (Neme of cematary, crematory or other plece) 20a. Method of Disposition Data 20c. Location - City or Town, Stata 1 Burial 2 Cremation 3 Ramoval from State 4 Donetlon 5 Other (Specify) CARROLL CREMATION 2/2 HAMPSTEAD, MD 21. Signature of Fugeral Sarvica Licensaa 22. Neme and Address of Facility ELINE FUNERAL HOME 934 S MAIN ST, HAMPSTEAD, MD 21074 23a. Part1. Enter the disaase, or complications that caused tha death. Do not antar the mode of dying, such es cerdiac or respiretory arrast, shock, or heer feilure. List only one cause on each lina. Approximate Interval Betw Onset and Death Immediate Cause (Final CARDIOGENIC SHOCK diseese or condition resulting in deeth) HOURS Dua to (or as a consequanca ol): Examiner ISCHEMIC CARDIOMYOPATHY **YEARS** Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events rasulting in death) Lest Due to (or as a consequence of): CORONARY ARTERY DISEASE YEARS Physician/Medical Due to (or as a consequence of): VENTRICULAR ARRHYTHMIAS DAYS Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☐ Unknown CEREBROVASCULAR ACCIDENT þ 24b. Were autopsy lindings available prior to completion of cause of daath? Completed 24a. Was an autopsy RESPIRATORY INSUFFICIENCY 1 Yes 2 No 1 Yes 2 No Be 25. Was case referred to medical exeminar? 26. Place of Deeth (Check only one) Hospital: Othar: 4 ☐ Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) J. 1 Yes 2 No 1 Npatient 2 EP/Outpetient 3 DOA 27. Mannar of Death Certification: 28a. Date of Injury (Month, Dev Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Natural 2 Accident 5 Pending Investigation 1 | Yes 2 | No 3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, ferm, streat, fectory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural Route Number, City or Town, Stete) 4 Homicida 1 Cartifying Physician: To the best of my knowledge, daeth occurred at the time, deta and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner stated. cai 29a. Certifiar (Check only one) W 29b. Signature and title of cartified 29c. Licansa number 29d. Data signed (Month, Day, Year) Ticum D 31826 1-30-9 30. Nama and addrass of person who complated causa of death (Item 23a) (Type, Print)
RICHARD L. LINTHICUM, M.D., 7620 YORK ROAD, TOWSON, MARYLAND 21204

32. Pogistreds Signature

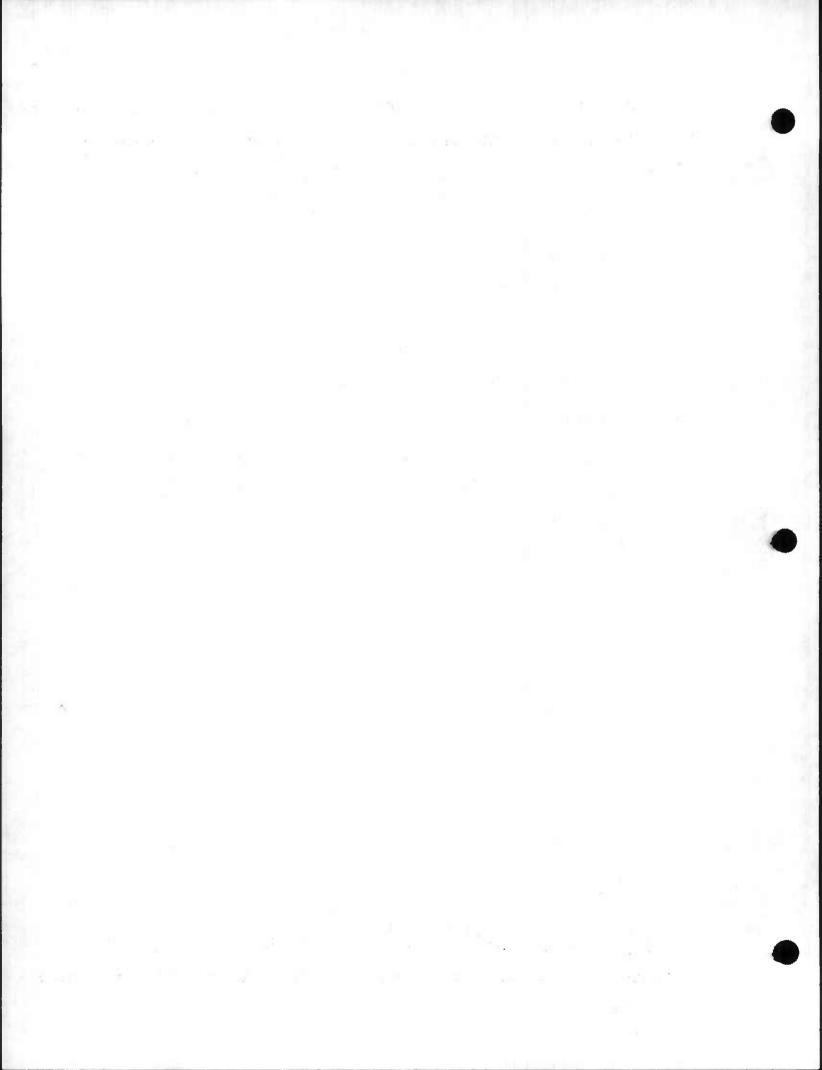
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Registrar

31. Date filad (Month, Day, Year)

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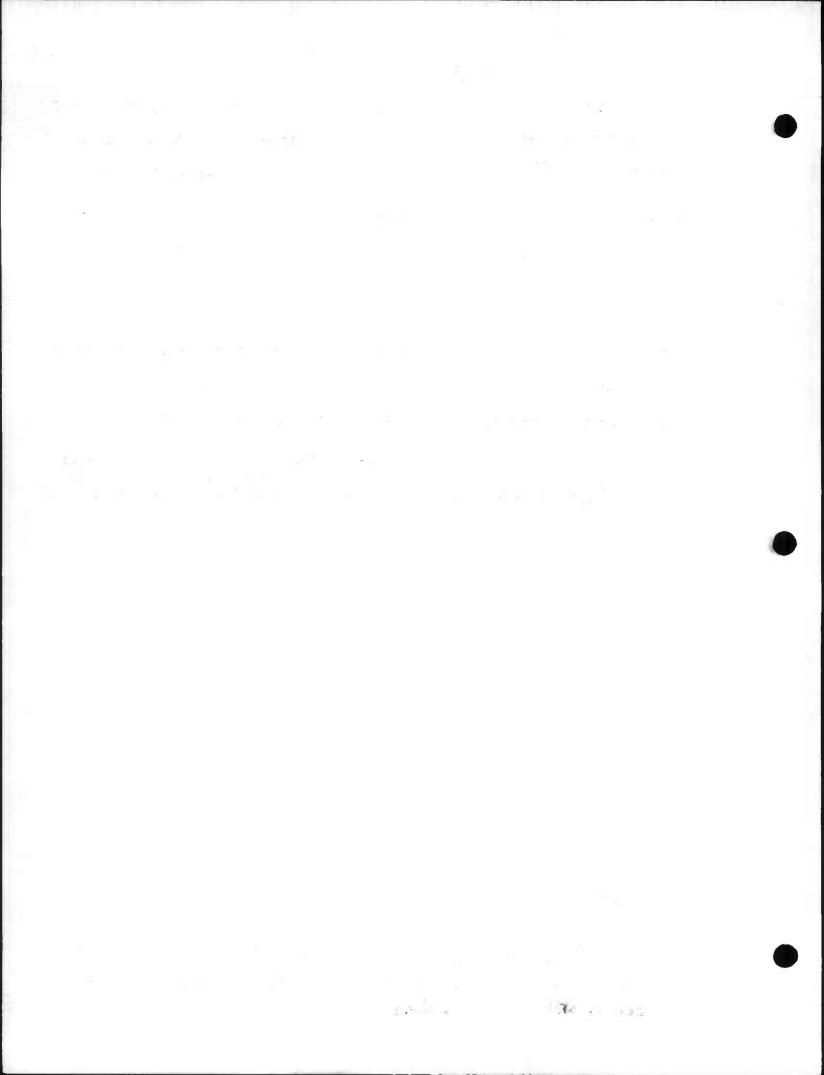
1997



State of Maryland / Department of Health and Mental Hygiene

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			Certificate of Death Reg. No.											
			1. Decedant's Nama (First, Middle	e, Last)							2. Data of Dea	ath		3. Tima of Death
	Physic		Charles	Ber	nard		Davis)			January	1 29.	1997	11:00 AM
	/Medi Examii		4a. Facility Nama (If not institution	n, give street and nu	ımber)				4b. City, To	wn, or Lo	ocation of Death		of Death	
	ENGILLI		Doctors C	ommunity	Hospita	e			Lo	anhai	n	Princ	e Geo	rges
ľ	Funeral Director		5. Social Sacurity Number 231-28-5186	6. Sax 1XXM 2□ F	7. Aga (In yrs. 63	last birthday Yrs.	Months	1 Yaar Days		24 Hrs. Min.	8. Data of Birt (Month, Da)	, Year) 30,193	COM	placa (State or Foreign http) Tinginia
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	r 28a-f show		10a. Stata 10b. County		10c. City	y, Town or L	ocation						1	Od. Insida City Limits
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and	Do dott	Be	17. Fathar's Nama (First, Middle,	C C		Davia	C				a (First, Middle,		na)	Lorric
3	2 should be filed within and Mental Hygiene. Is marked other than aumatic event, that Mental than Mental than Mental than Mental than Mental than Mental than Mental than Mental than Mental than Mental than Mental than Men	မ	Cheatham			Davis				osa		venia		Lewis
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ore	of He		20a. Mathod of Disposition	2 Demoust from	20b. P	lace of Disp emetery, cre	osition (Name	ne of other ple	ice) Feb	3	1 9 9 7	20c. Location	City or To	own, Stata
Ē	Peges ment of ant: If its ury or o		4 Donation 5 Other (S			mpton					2001	Hampto	n, Vi	irginia
Baltimore,	permit. Peges 1 and Department of Heelth Important: If Item 27 any injury or other tr once.		21. Signature of Funeral degrice	GLO 1 -	Je Pom						tney's			e, Inc. D.C.20011
			23a. Part1. Enter tha disaasa, or shock, or haart failura. List	complications that	caused the death	n. Do not an	tar tha mod	la of dy	ing, such as	cardiec	or raspiratory ar	rast,	1	Approximata Intarval Between
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<u>ر</u>	phed e del	by P	0657	MICTIM	ja	una	re		-			2010	•	
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Division	Attending or death.	Certification:	1 Naturai 5 ☐ Pandin 2 ☐ Accidant Invasti		in, Dey rear)	Injury	М		Yas 2	No				
Vis	or Attendiates death. Director: A in by the fu	iffic	3 ☐ Suicida 6 ☐ Could a detarm	Inad Zoa. Place	e of Injury - At ho ing, etc. (Specify	me, ferm, st	reat, factory	, office			28f. Location (5	Street and Numi	er or Rura	al Route Number,
Ö	a after a se in Dir.	Cer	1 I TOTALOGO	Dullo	ing, etc. (Specify	')					Only or You	m, State)		
	To the Respital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edicai	29e. Certifier (Check only one) Sertifyin 2 Medicai	g Physician: To the Examiner: On the b and man	best of my know asis of examinat anar stated.	wledge, deet ion and/or In	h occurred vastigation	et the ti	me, dete an opinion, dea	d plece, th occurr	end due to the ded at tha tima, d	ceuse(s) end modeta and place,	enner as s and dua te	tated. o tha cause(s)
	ro th Within	Me	29b. Signatura and title of certifia				290	. Lican	sa number			29d. Data signe	d (Month,	Day, Year)
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			THOMAS KO, N 31. Data filed (Month, Day, Year)	ND 810	0 G001) LUC	KR	PAC), LA	UHK	m, m	1D 2	070	06
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		and / Depa <i>Cei</i>	rtificate	of D	eath		P	Reg. No.		
1. Decedant's Name (First, Middla, Las	st)						2. Data of Dear	ith		. Time ot Death
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e. Facility Nama (If not Institution, give				4b.			ocation of Deeth			
St. Thomas Mo					_		ville		ce Geo	rge's
577-60-4573	7. Age (In yn	rs. last birthday) Yrs.	Months [Hours N	Mrs. Min.	8. Date of Birth	0 ^Y 5 ^{ar)}	9. Birthplace Country) Wash	(Stata or Foraign
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D.C. N/A		Vashing								1 ☐ Wes 2 ☐ No
10e. Street end Number 5218 Ames S	St.,N.E.		10f. Zip Co	200)19		1	U.S.		
11. Merital Stetus	12. Was Decedant Evar In Armed Forcas?	U,S. 13.	Was Dacedar	nt of Hisp	penic Origin	17 (Sp	pecify Yas or No- Rican, etc.)	14. Rec	ce - Amarican I	ndlan,
1 Nevar Married 2 Married 3 Widowed 4 Divorced	1 Yes 2 No If Yes, Give Year or Detas:		1 Tas, specify 1 ☐ Yas 2 ₹		Specify:	'Uano	Rican, etc.;	Specify	fy: Bla	ack
15. Decedent's Ed (Specify only highest grad	ucation da completed)	16a. Decer	dant's Usual (kind of work of DO NOT usa	Occupation dona du	on irina most o	f work	cing		Business/Industr	•
Elamantary/Secondery (0-12) 8th	Collaga (1-4or 5+)	l l	bo NOT usa set Pr]	Federa Boar		erve
17. Fathar's Nama <i>(First, Middla, Last)</i> Seaton Tho	omas Dyson			1/			a (First, Middla, I Laurie		,	
19a. Intorment's Name/Ralationship (7) William E. Dyso							ral Routa Number Wash.		2001	
20a. Mathod of Disposition 1 Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Specify	Tidinova II on Otala	Plece of Dispo camatary, cren incoln	osition (Nama matory or othe n Mem	of ar place) • C∈	em. 1	/3		20c. Location - Suitla	- City or Town, and, Md	
21. Signatura of Funerel Service Licens	<i>'</i>									
Dany u			H.S.V 4925	Nash Bur	iingt	on hs	& Son	s,Inc. N.E.	•	
23a. Part1. Enter the disease, or comp shock, or heart fallure. List only of	ilicetions that causad the da- one cause on eech line.								Api	proximata arval Between esat and Death
Immediata Cause (Final disaasa or condition resulting in daath)	a. Chronic Due to	Conges		Неа	irt F	ai	lure			
	Atheroscl			dio	vascu	ıla	r Dise	ase	-	
Sequentially list conditions, if any, laeding to immediata causa. Entar Undarlying Cause (Diseesa or Injury	b. ————	(or es e conseq	quance of):						1	
Cause (Diseesa or Injury that initiated events resulting in death) Last	C Due to	(or es e conseq	uence of):							- 5
	d									
Part II. Other significant conditions co	ontributing to death but not re	asulting in tha u	inderlying cau	usa givan	in Part I.		23b. Dfd to	obacco use co	ontribute to the	cause of death?
Dementia			-				1 🗆 Y	/es 2□ No	3 Probabi	ly 4 🗆 Unknow
Hypothyroi	dism						24a. Was a perform	in autopsy med?	avallab	autopsy tindings ble prior to ation of cause
Diabetes M	ellitus - I	ype I	I				1 🗆 Yı	as 28No	of déat	th? as 2□ No
25. Wes casa ratarred to medical axaminer?	Hospital: 1 ☐ Inpatiant 2[-7.50	Other			th (Check only on			
27. Manner of Deeth 1 ☑Natural 5 ☐ Pending	28e. Deta ot Injury (Month, Day Year)	28b. Tima ot Injury		c. Injury at Work?	4 LI NUISII		oma 5 Rasida 26d. Dascribe ho			
2 Accident Invastigation 3 Sulcide 6 Could not be 4 Homicide datarmined		homa, farm, str			5 2 110		28f. Location (St City or Town	treet and Numi n, Stata)	ber or Rural Ro	uta Number,
29a. Cartifier (Check only one)	ysician: To the best of my kn iner: On the best of examin	nowledge, daath	h occurred at vastigation, in	tha tima,	, date and p	occuri	end dua to tha c red at tha tima, d	ausa(s) and mi	ennar as stated and dua to the	d. cause(s)
29b. Signature and fittle of condition	and marner steted.		29c. I	License n	number		1.2	od Data signe	ed (Month, Day	Vasr)
296. Signature and time of calculation	7 /		20000	D434	The state of the s			19d. Date signe	ed (Month, Day,	Year)

Division of Vital Records, P.O. Box 68760,

To the Hospital or Attending Physician: The lew requires that the deeth certificate be executed within 24 hours efter deeth.

To the Funeral Director: After this certificate has been signed by the attending physicien and is certificate has been signed by the attending physicien and director, page 2 should be deteched for use as the bunel-transit apmpletely filled in by the funeral

31. Data tiled (Month, Day, Year)

Director

by Funeral

Completed

Be

0

Examiner

Physician/Medicai

Completed by

Be

7

Certification:

Medicai

State Registrar

Physician

/Medical

Examiner

Funeral Director

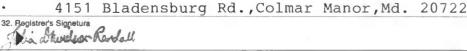
permit. Peges 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is merked other than "naturel", or items 23a or 28a-f show any injury or other traumatic event, or Medical Expirition must be notified at once.

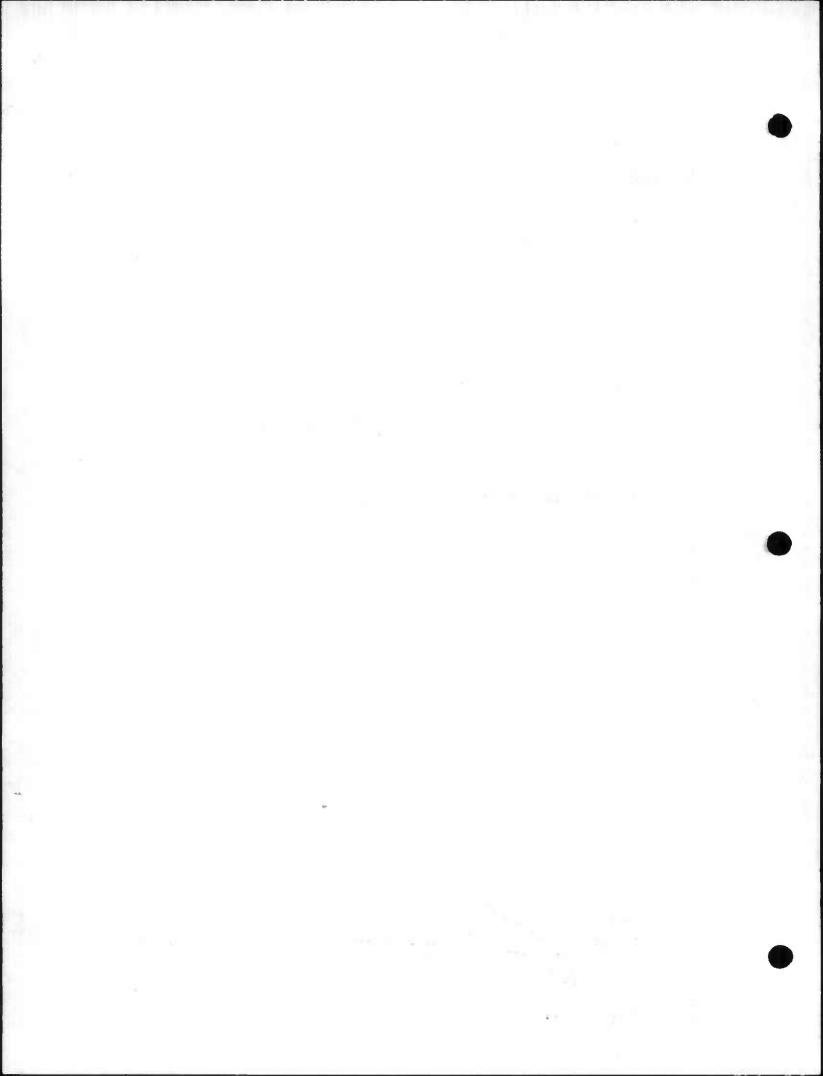
Physician

/Medical **Examiner**

Baltimore, Maryland 21215-0020

30. Nama and address of paragrams completed causa of death (Itam 23a) (Type, Print) Charles Cefalu, M.D. 4151 Blade

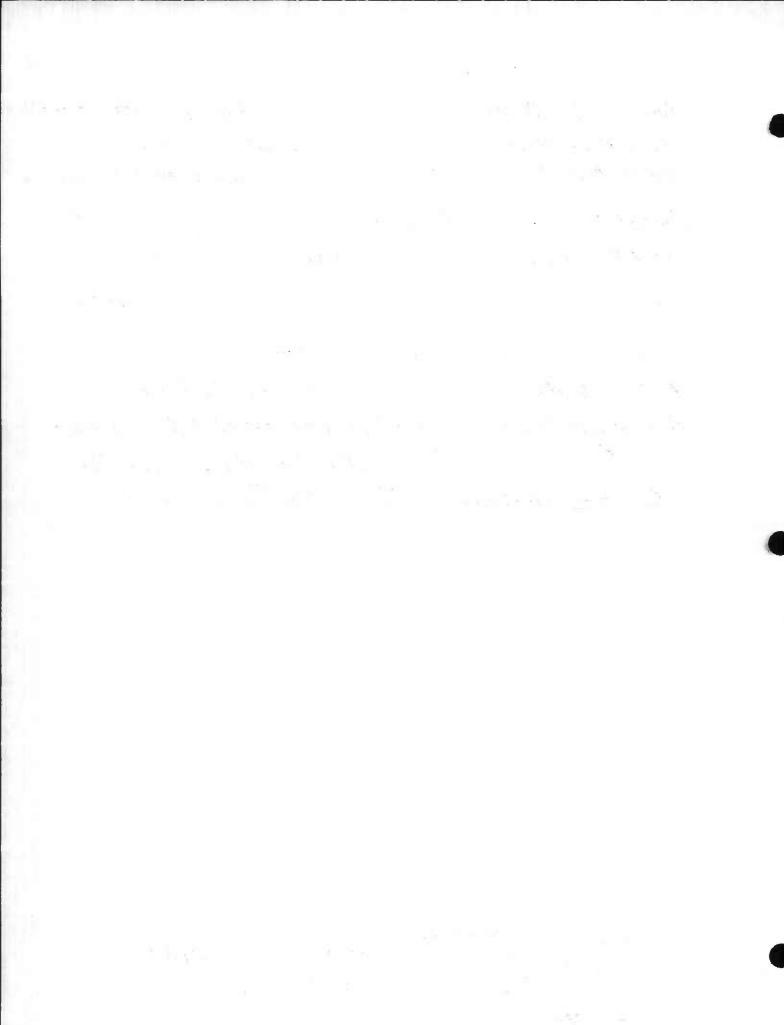




State of Maryland / Department of Health and Mental Hygiene

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9	1	U	5		J	U

					Certifica	ate of Death	R	eg. No.	00100
8	Dhysisi		1. Dacedent's Nama (First, Middle, Las	0			2. Date of Deat Month		3. Tima of Death
4	Physici /Medio		Andrew J.	Douds			February		77 3:16 P.M.
	Examir		4a. Facility Name (If not institution, give	street and number)		4b. City, Town, or	Location of Death	4c. County of D	eath
			103 Adkins Pi	ace		Pocomo	ke	Worce	ster
н	Funeral		5. Social Security Number 6. Se	7. Age (In yrs	Month	der 1 Year If Under 24 Hr is Days Hours Mir		Year) 9.	Birthplace (State or Foreign
	Director		Usual Residence of Decedent		82 Yrs.		Septembe	+ 341914	lennsy/vania
	and we		10a. Stata 10b. County	10c. C	ity, Town or Location				10d. inalde City Limits
	Manylan f show	ō	Manufaud Warren	tan Pa	comoke				1 Yes 2 No
	with the Maryland a or 28a-f show	rec	10e. Street and Number	Er 10		Zip Code	1	0g. Citizen of What	Country?
	eath with the Maryls ns 23e or 28e-f shor mast be notified at	D	103 Adking Plan			11851		11.CA	
	Items 23	Funeral Director	11. Maritai Status	12. Was Decedent Evar in L Armed Forces?	J,S. 13. Was Dec	cedent of Hispanic Origin? (pecify Cuban, Maxican, Pua	Specify Yas or No-		marican indian,
0	al', or ken		1 ☐ Never Married 2 ☐ Married	1 ☐ Yes 2 ZHNo			rto Rican, atc.)		/hite, etc.
00	72 hours after natural, or its	l by	3 ₩idowed 4 Divorced	If Yes, Give Year or Dates:	1 Tas	2 No Specify:		Specify: V	Vhite
21215-0020	"natural",	Completed	15. Decedant's Ede (Specify only highest grad	ucation la complated)	16a. Decedent's Us (Give kind of	suai Occupation work dona during most of wi usa retired)	orkina	18b. Kind of Busine	ss/Industry
121	within lene. the Her	mpi	Elamentary/Secondary (0-12)	College (1-4or 5+)	10 1 1	A./			
	filed with Hygiena. ther ther	ပိ	17. Father's Name (First, Middle, Last)	7	Kadio St	ation Nana	ger	Maidea Comerca	
Maryland	should be filed withind Mental Hygiena. marked other than umatic event, the H	Be	At ale and Dayle			1 1	Ime (First, Middle, M	Maiden Sumame)	
7	d Me d Me mark	70	19a. Informant's Name/Relationship (T	ma (Print)	40h Maillea Addes	ess (Street and Number or F		11/1eh	/ T 0.2
Ma	d 2 shouth and 7 hs me trauma		Andraid To	1	r 11	10. 1		City or rown, Stat	e, ZIP COOE)
ē,	s 1 and 2 should be filed within if Health and Mental Hygiena. Hem 27 is marked other than other traumatic event, the Health in the Health is the Health in		20a. Method of Disposition	20b.	Place of Disposition (A	lame of	rankfort,	20c. Location - Cité	or Town, State
JUO T			1 Burial 2 Cremation 3 F 4 Donation 5 Other (Specify)	Removal from State	Comolory, Cramatory o	rother place)	elelare	01.1	MI
Baltimore	E 8 3		21. Signature of Funeral Service Licens		alisbury 22. Nama	and Addrass of Facility	4411	Dalisbury	1181-
B	Departi Importa any Inj		n .40	malle	Mels	con Funeral	Home	4	
			23a. Part 1. Enter the disease or comp	cations that caused the dea	th. Do not enter the m	OX 64, Rocam	ake, Mid.	2/85/	Approximata
	Physician		23a. Part1. Enter the disaase, or comp shock, or haart failura. List only o	ne cause on each lina.		out of dying, buon as baron	ac or respiratory arre	551,	Interval Between Onset and Death
	/Medical		Immediate Cause (Final	1/50	1. T.	+0 -1	1	1.	-
8	Examiner		disaasa or condition resulting in death)		or as a consequence of		20179	Clotha	5 years
_		ner		0.00	or as a corresquerica o	1).			
	certificate be assocuted nding physician and use as the buriel-transit	Examiner	Sequentially list conditions,	b. ————————————————————————————————————	or as a consequence o	f):			
90,	e axe yian a vurial-		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diaease or injury						
68760,	sata b shysic tha b	Medical	that initiated events rasulting in death) Last	Due to (d	or as a consequenca of	1):			
	E Da			d					
Box	death o	lan							i
o	that the death ce ed by the attendi detached for use	Physician/	Part II. Other significant conditions con	ntributing to death but not res	sulting in the underlying	cause given in Part I.	23b. Did to	bacco uss contrib	ute to the causs of death?
0	that the detail	된					100	es 2□No 3□	Probably 4 Unknown
Records,	5 8 8	d by					24a. Was a	a sutansu 24	b. Were autopsy findings
Ö	v require been si should t	Completed					perform		available prior to completion of cause
Rec	has has	du							of death?
	delan: Tha		05 144				1□ Ye		1 ☐ Yes 2 ☐ No
of Vital		o Be	25. Was case referred to medical examiner?	lospitai:	I SDIO LA LA LA LA LA LA LA LA LA LA LA LA LA	Othor	eath (Check only on		
0	Physical d	2	27. Manner of Death	28a. Date of Injury (Month, Day Year)	28b. Time of	28c. Injury at Work?	Home 5 Aleside	ow injury occurred	pecify)
on	Afta fun	tlor	1 ☐Natural 5 ☐ Pending 2 ☐ Accident investigation	(Month, Day Year)	Injury M	Work? 1 ☐ Yes 2 ☐ No			
Division	or Attending F after death. Director: After I in by the funer	Certification:	3 ☐ Sulcide 6 ☐ Could not be	28e. Placa of Injury - At h	ome, farm, street, facto	ory, office	28f. Location (St.	reet and Number or	Rural Route Number,
Ö	od in Die	Sert	4 Homicide	building, efc. (Special	<i>Ty)</i>		City or Town	n, State)	
	To the Hospital or Attending Phwithin 24 hours after death. To the Fureral Director. After this completely filled in by the funeral		29a. Certifier 1 Certifying Physical Examl	sician: To the best of my kno	owledge, death occurre	d at the time, date and place	a, and due to the ca	ause(s) and manner	as stated.
	he H in 24 he Fr	edical	one) 2 Medical Exami	ner: On the basis of examina and manner stated.	ation and/or investigation	on, in my opinion, death occ	curred at the time, da	ate and place, and	due to the cause(s)
	Veith To To To To To To To To To To To To To	2	29b. Signature and title of certifier	KO K		9c. Licansa number		9d. Data signed (Mi	onth, Day, Year)
		12	Dhaw	412-	/	44428	3 2	12/9:	7
		1 - 1	The state of the s						
		1	30. Name and address of person who co	empleted cause of death (Iter	m 23a) (Type, Print)	O 4			
		1	30. Name and address of person who co	empleted cause of death (Iter 32. Registrar's Signa		44428 Berlin, n	0		

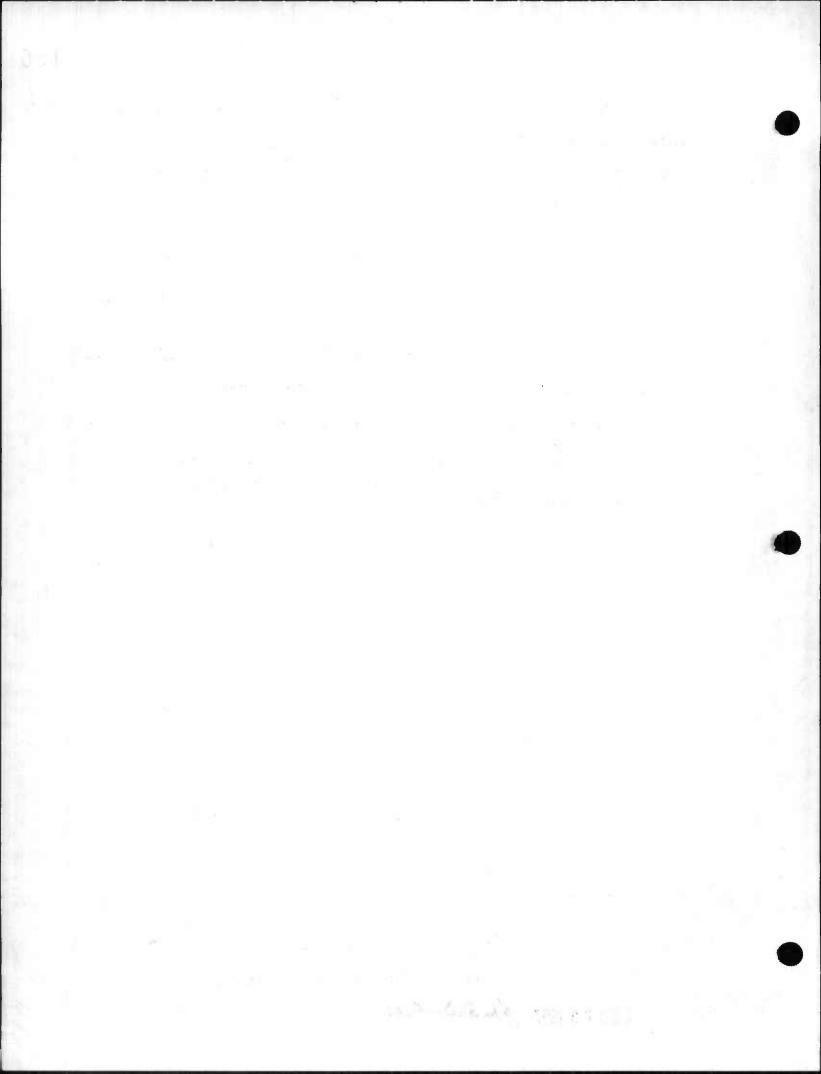


State of Maryland / Department of Health and Mental Hygiene 97 05156

7.0					Cer	tificate of	Death	1	F	Reg. No.		00100	
Dhuniei		1. Decedent's Name (First, Middle, La						1	2. Date of Dee		Year	3. Time of Death	
Physicia /Medic		ED WIN. E.	ELCEP	ER					JAN	30th	1997	4 .58 PI	
Examin		4e. Facility Name (If not institution, give	re street and number)				4b. City, To	own, or Lo	cation of Deeth		of Death		
		Howard County Ger	neral Hosp	ital				mbia			ward		
Funeral Director		5. Social Security Number 6. S 125-07-5763 Usual Residence of Decedent	r If Under s Hours	Min.	8. Dete of Birtl (Month, Day Aug 8,	8. Dete of Birth (Month, Day, Year) Aug 8, 1910 9. Birthpiace (State or For Country) Country) Ohio							
72 hours effer death with the Meryland natural; or itams 23e or 28e-f show use Examiner must be notified at		10a. State 10b. County		10c. City, Tov	vn or Loc	ation					10	od. inside City Limits	
28a-f sh	Director	Maine Linco	oln	Jeff	erso	n 10f. Zlp Code				10g. Citizen of \		1 ☐ Yes 2X No	
0 8													
18 23	era	RR 2 Box 817	12. Was Decadent	Ever in II C	12 M	0434		ining (Con	alfu Van ar Na	Unite	a - America		
"natural", or itams 23a or 28a-f show safeal Examiner must be notified at	by Funeral	1 Never Married 2 Married 3 ₩ Widowed 4 Divorcad	Armed Forces? 1 Yes 2 h If Yes, Give Year or Dates:		If	/as Decedent of Yes, specify Cu ☐ Yes 2 1 No	ban, Mexice	n, Puerto I	Rican, etc.)		ck, White, e	, White, etc. White	
in the little of	Completed	15. Decedant's E		168	Deceda	ant's Usual Occi	upation	nt of wordsin		16b. Kind of B	usinass/Ind	ustry	
C 40	ple	(Spacify only highest gra Eiementary/Secondery (0-12)	College (1-4or 5	i+)	life. D	O NOT use retir	e dunng mos ed)	ST OF WORKII	ng				
ther than	5									Self	elf Employed		
to be	Be (17. Father's Name (First, Middle, Last)				18. Moth	er's Name	(First, Middle,	Maiden Surnan	ne)		
narked c	To	Francis J. Elce	esor				Mar	y G	raham				
7 is me traume	'	19a. Informant's Name/Ralationship (Type, Print)	19	b. Mailing	Address (Stree	et and Numb	er or Rura	I Route Numbe	r, City or Town,	State, Zip	Code)	
127		Beverly D'Urbano	'Daughter	5	321	Broadwa	ter La	ane (Clarksv	ille, M	aryla	and 21029	
0		20a. Mathod of Disposition		20b. Plece	of Dispos	ition (Name of atory or other pi			Date	20c. Location -	- Alb		
5 = 5		1-12 Burial 2 ☐ Cremation 3 2 4 ☐ Donation 5 ☐ Other (Specif						2	C 07	7.7.5 m A = = =	M-2		
Important any injury once.		Oak Hill Cellectry 2-0-97 Wilkusol, Maille											
any l	- 1	Harry H. Witzke Funeral Home, Inc.											
	\dashv	23a. Part 1. Entar the diseasa, or com	no- Wh	yel							ity,	MD 21043 Approximate	
attending physician end for use as the buriel-transit	Immediata Causa (Final disease or condition resulting in deeth) Due to (or as a consequence of): CEREBRO VAS CUMR ACUL Due to (or as e consequence of): I any, leading to immediate cause Enter linderbying Due to (or as e consequence of): CEREBRO VAS CUMR ACUL Due to (or as e consequence of):								e106N	7	1/2 14/2 L DAY.		
cian		cause. Enter Underlying Cause (Disease or injury				1							
the t	edical	resulting in deeth) Last Due to (or es e consequence of):											
0 8 C	N N	PNEUMONIA											
pr us	an		d				•				-		
he at	300	Part II. Other significant conditions of	ontributing to death bu	t not resulting l	n the und	derlying cause g	iven in Part	l.	23b. Did to	obacco uas co	ntribute to	the cause of death?	
b ed	by Physician	COROMARY ARTERY DISE ASE.								1 ☐ Yes 22 No 3 ☐ Probably 4 ☐ Unk			
2 shou	Completed								24a. Was a perfor	an autopsy med?	con	ra autopsy findings ilable prior to npletion of cause eath?	
pag	Ö								1□ Y	es 2 10	10	Yes 2□ No	
		25. Was case referred to medical examiner?					26. Place	e of Death	(Check only or	те)			
this ce	0	1 Yes 2 No	Hospital: 1 Inpatle	nt 2 ER/O	utpatient	3□ DOA O	ther: 4 N	ursing Hon	ne 5 Resid	ence 8 DOth	er (Specify)	
After		27. Manner of Deeth 1. Natural 5 Pending (Month, Day Year) 28a. Date of Injury (Month, Day Year) 28b. Time of Injury the Work? 1 Yes 2 No 28d. Describe how Injury occurred thing investigation											
To the Funeral Director: completely filled in by the													
the Fune	edical	one) 2 Medical Exam	ysician: To the best on niner: On the basis of and menner sta	axamination ar	a, daath o	stigation, in my	opinion, das	nd place, a oth occurre	and due to the c ad at tha tima, d	ause(s) and ma lata and place,	nnar as sta and due to	ated. the cause(s)	
To	Σ	29b. Signeture end title of certifier	04 0			29c. Licer	se number		2	9d. Date signe	d (Month, E	Day, Year)	
,		hulungt	Chrolie	1		02	9921			JAN	301	1997 BIAMD	
5	-	30. Nama and address of person who	complated cause of de	ath (Itam 23a)	(Туре, Р	rint)							
			HOWO HRY	1.	10	7921	HICK	ORUK	21005	Rd. Co	UM	BIA MO	
State		31. Dete filed (Month, Day, Year)		s Signature				9	11 -(0	- 6	2	-1044	

Registrar

FEB 0 3 1997



State of Maryland / Department of Health and Mental Hygiene 9 / Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Day Month HISCEP KERTHA 10:10 Am DANWARY 29 4a. Facility Nema (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY Baltimore City If Under 1 Year | If Under 24 Hrs.
Months Days Hours Min. Birthplece (State or Foreign Country) 6. Sex 7. Aga (In yrs. last birthday) 1 □ M 2 🖺 F Yrs. 78 Colorado Usual Residence of Decedent 10b. Count 10c. City, Town or Location 10d. insida City Limits 1 Nas 2 No Maryland Anne Arundel Hanover 10f. Zip Coda 10g. Citizen of What Country? 7522 Lemon Tree Court 21076 U.S.A. 12. Was Decedent Evar In U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: Was Dacedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - Amarican Indien, Bieck, White, atc. 1 Never Merried 2 Married 1 ☐ Yes 2 ☐ No Specify: Specify: White 3 ₩idowed 4 Divorced 16a. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade complated) 16b. Kind of Business/Industry College (1-4or 5+) Elamentery/Secondery (0-12) Executive Secretary Federal Government 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Rose Hilleary 19a. intorment's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Mary Ann Gilliam - Daughter 7522 Lemon Tree Court, Hanover, Maryland 21076 20b. Place of Disposition (Nema of cemetery, cremetory or other plece) 20c. Location - City or Town, Stata 1 Burlel 2 Crametion 3 Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Mt. Olivet Cemetery 02/01/97 Washington, DC 21. Signeture of Funaral Sarvice Licensea 22. Neme end Address of Facility Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, MD 20781 eusa 23a. Part1. Enter the diseasa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart teilure. List only one cause on each line. Approximete interval Between Onset end Death CARDAL ELECTROMECHANICAL DUSOCIATION Ihour < I hour (ARDIAC 1SCHEMIA Due to (or es e consequence ot): CORONARY ARTERY Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Nown OFABETES 24a. Was an autopay performed? 24b. Were autopsy tindings available prior to completion of cause of deeth? PERIPHERA VASCULAR DISEASE 1 Yes 2 1 Yes 2 No 25. Wes case refarred to medical exeminer? 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1Minpatient 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending 1 Yes 2 No invastigetion 6 Could not be determined 28f. Location (Straet end Number or Rural Routa Number, City or Town, State) 28e. Piece of Injury - At home, ferm, street, tectory, office building, etc. (Specify)

Physician /Medical The law requires that the death certificate be executed Box 68760. P.0. Division of Vital Records, To the Within 2

Examiner physician and s the burial-transit page 2 certificate Hospital or Attending Physician: 24 hours after death. funeral After Director: / 24 hours Medical To the Fune

Physician/Medical þ Completed Be Certification: To

Physician

/Medical

Director

Funeral

þ

Completed

2

5. Social Security Number

577-12-9940

10e. Street and Number

Henry Howard

20e. Method of Disposition

Immediete Ceusa (Final disease or condition resulting in deeth)

Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Diseese or Injury that initiated events resulting in death) Lest

10e State

Examiner

Funeral

Director

7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Maxical Examiner must be notified at

se filed within 7 al Hygiene.

permit. Pages 1 and 2 should be file Department of Health and Mental Hy, Important: If feen 27 is marked other any Injury or other traumatic avanta

the Maryland

Baltimore, Maryland 21215-0020

1 Yes 3 No 27. Manner of Death Naturel 2 Accident

29e. Certifier

3 ☐ Suicide 4 Homicide

29b. Signeture and title of

MEDICAL

Certifying Physician: To the best of my knowledge, daath occurred at the time, date end piece, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end piace, end due to the cause(s) end manner stated. 29c. Licanse number 29d. Dete signed (Month, Dey, Year)

DOLTOR 30. Nemé end eddrass of person who completed cause of deeth (Itam 23e) (Type, Print)

776359 JHH

JAMES FARRELL MO, JOHNS HOPKINS HOSPITAL, BATTIMORE MIS 31. Dete tiled (Month, Day, Year)

State Registrar



Kalman Line

Comment of the Commen

The state of the s

State of Maryland / Department of Health and Mental Hygiene 97 05 | 58

						Cer	tificate of	Death	7	F	Reg. No.			
Disco		Decedent's Name (First, Middle)	Last)							2. Date of Dea	ath	Vari	3. Time of Death	
Physic /Medi		John Vincent Eustis								Februa	Day ary 5,	Year 1997	2:52 PM	
Exami		4a. Facility Name (If not institution,						4b. City, T	own, or Lo	Location of Death 4c. County of Death				
		Howard County	General	Hospi	tal.			Co1	umbia		Howar	rd		
Funeral	Г		6. Sex	7	n yrs. lest bir	thday)	If Under 1 Yes	r If Under	r 24 Hrs.	8. Date of Birt	h	-	lace (Stete or Foreig	
Director		155-12-1502 Usual Residence of Decedent	1☐M 2☐ F	77		Yrs.	Months Day	s Hours	Min.	Sept. 5	y, Year) 5, 1919	New	place (State or Foreigntry) Jersey	
72 hours effer death with the Marylend natural, or flems 23a or 28a-f show ordal Example, must be nothed at all		10a. State 10b. County		10	C. City, Town	n or Loc	cation					T1	0d. Inside City Limits	
등등	ō	Maryland Howa	m d		E11		1						1XXYes 2□ No	
289	Director	10e. Streel and Number	IU		E.U	krid	10f. Zip Code				10g. Citizen of	Whet Cour	ntry?	
39.0											USA		,	
78 2 10 2	Funeral	11. Merilei Stelus	12. Was De	cedent Eve	r in U.S.	13. W	Vas Decedent of			ecity Yes or No-		e - Americ	en Indian	
The Par	Fun	1 Never Married 2 X Marrie	Armed F	orces? 2XNo	0,01	If	Vas Decedent of Yes, specify Cu	ban, Mexice	n, Puerto	Rican, elc.)	Bia	ck, White,		
"natural", or items 23a or 28a-f show social Examiner must be notified at	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, G	ive		1	☐ Yes 💥XN	Specify			Specif	y: Whi	te	
a la	P	15. Decedent's			16a.	Deced	ent's Usual Occi	unation		T	16b. Kind of B	usiness/Inc	dustry	
r than "natur Tra Medical	Completed	(Specify only highest grede completed) (Give kind of work done during most of w						st of worki	ing	too. Kind of D	uon room in r	adony		
than the	E	College (1-4or 5+) College (1-4or 5+) Z years Financial Analyst								Fodora	Cov	ernment		
1 4 H	O								er's Name	(First, Middle,			ernment	
9 9	o Be		9	Mar					y Nugent					
marked imatic e	10	19a. Informant's Name/Relationshi	Edward	Dubel		Mailin	a Addrage (Strat	at and Numb		'Y Nugent ural Route Number, City or Town, State, Zip Code)				
m ==		_												
item 27 Ir r other tra		Doris M. Eustis 20e. Method of Disposition	/ Wire	12	20b. Place of	Dispos	Golden F	ern C	ourt	Elkride Date	e, Mary	Land	21227	
int: If ite		1 XX Kurial 2 ☐ Cremelion	B ☐ Removel from	State	cemeter	y, crem	etory or other pl							
Important: If i any injury or once.		4 Donation 5 Other (Spi			Kesuri		cion Cem			3-97	Clinton, Maryland			
important: any injury once.		21. Signature of Funeral Sophica Li	censee			22. Ge	Name end Add	ress of Facili	ity c. Fun	oral Ha	nmo.			
- 40		George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md. 20745												
Physician /Medicai		23a. Part1. Enler the disease, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between												
		Onset and Death												
		Immediale Cause (Final disease or condition Endstage Ischemic Cardiomyopathy												
miner		disease or condition resulting in death) Endstage Ischemic Cardiomyopathy years Due to (or es a consequence of):												
	je l	Coronary Artery Disease												
ansi	Examiner	U												
nel-tr												1		
9	Medical	Ceuse (Disease or injury that initiated events peutition in death) Lest Due to (or es a consequence of):												
es the bunel-transit	b	resulting in deeth) Last												
n Se			d											
d for	Physician	Doed II. Obbas also Microst conditions contribute to a state of the contribute to th												
ed by the attending deteched for use es	hys	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributions to death but not resulting in the underlying cause given in Part I.												
gned c										3 Prot	bably 4 Unknow			
od b	d by									24e. Wes 8	n autoney	24h We	ere autopsy findings	
should	Completed									perfor	med?	ava	allable prior to mpletion of cause	
30.2	dm											of	death?	
, pag										1 U Y	es 2 No	1	Yes 2 No	
ectoi	Be	25. Was case referred to medicel examiner?	Herebel						e of Death	(Check only or	ne)			
dia	2	1 ☐ Yes 2 ☐ No	Hospital:	Inpatient	2 ER/Out	tpatient	3DOA	ther: 4 N	ursing Hor	ne 5 🗆 Reside	ence 6 DOth	er (Specify	1)	
IN BE	ü	27. Menner of Death XXNetural 5 ☐ Pending	28a. Dete (Mor	of Injury oth, Dey Ye	28b. T	ime of	28c. Inje	ork?	2	28d. Describe h	ow injury occur	red		
the	Certification:	2 ☐ Accident investiga					M 1	Yes 2	No					
Director: I in by the	Ħ	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homicide determin	ed 289. Place	e of Injury -	At home, far	rm, stre	et, fectory, office	1	2	28f. Location (S City or Town		er or Rura	l Route Number,	
led ii	S													
To the Funeral Director: After this certificate hes competent filled in by the funeral director, page 2	Medical	29a. Certifier (Check only one)	Physician: To the taminer: On the b	e best of my besis of exa	y knowledge, mination end	death d	occurred et the t estigation, in my	ime, date ar opinion, dea	nd piece, a ath occurre	and due to the c ed et the time, d	ause(s) and me late and plece,	enner as st	ated. the ceuse(s)	
di di	Me	29b. Signature and title of certifier	. /				29c. Licen	se number		1 2	9d. Date signe	d (Month.	Day, Year)	
2		2011	blenda	***					,	29d. Date signed (Month, Day, Year)				
2)		Michael 1		70	_			-145	3/		2/6/9	1+		
01		30. Neme and address of person wi												
/		Michael Blunda	, M.D.	106_I	rving	St.	N.W.	Suite	208	Washing	ton, D.	.C. 20	0010-2927	
Sta		31. Date filed (Month, Day, Year)	07 32	Registrar's	Signature									
Registr	ar	FEB 07 19	JI JULY	d Jaux	state for	Hall								

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N EAST TO THE STATE OF THE STAT The part of the

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

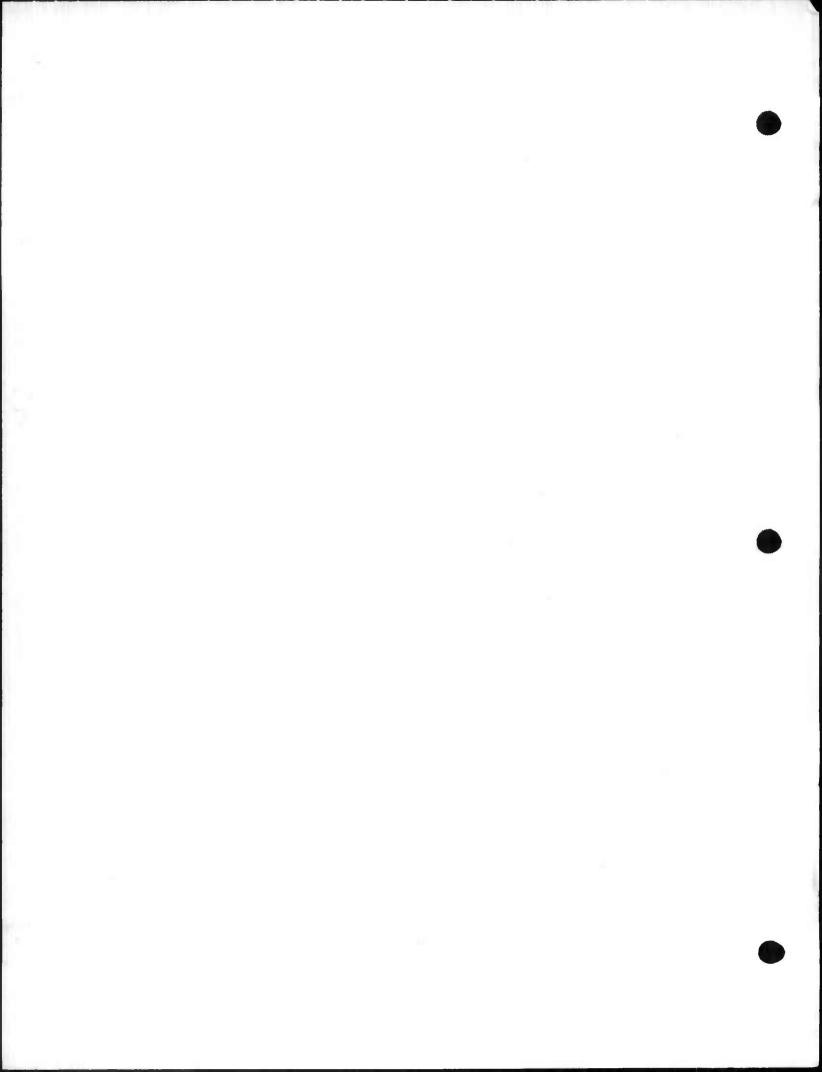
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

						10/11					EG. NO.					
	1. DECEDENT'S NAME (First		F.	FRITZ					2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF							
	4. SOCIAL SECURITY NUMBER	-	5. SEX	ast birthday) IF UNDER 1 YEAR			R F UNDER 24 HRS. 7. DATE			FEB 4 1997			GAT.			
	215-16-522	<i>,</i> ,	1 M 2 D F	79	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)			8. BIRTHPLACE (State or Foreign Country) Maryland			
	9a. FACILITY NAME (If not in		9b. CIT	Y, TOWN	OR LOCATI	ON OF DE	Oct 1	9,19	9c. COU	NTY OF DE		a				
OR	4442 Geeti		Westminster Carro							rroll						
ב	RESIDENCE OF DEC	I 40- 017				<u>r</u>										
DIRECTOR	Md	Carro	11		1 .	_	OR LOCA						- 1	10d. INSID	S?	
	10e. STREET AND NUMBER	Ourto	<u> </u>			west	mins	ter				10c CITI	ZEN OF WI		2 NO	
EB	4442 Geeti	no Rd				1000	21158						IAI COUN	INT		
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.	. WAS DEC	ENDENT C	F HISPAN	IC ORIGIN? (S	pecify Yea	or No	14. RACE -	- America	n Indian.	
BY F	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE W	YES 2	NO			2 NO		n, Puerto Ricar	n, etc.)		Black, Specify	White, atc		
														WH	1/=	
COMPLETED	(Specify onl	EDENT'S EDUCA highest grade co		16	ECEDENT'S Sive kind of a n. Do NOT us	work done	during me	ON ost of working	ng	16b. KIN	D OF BUS	NESS/IND	USTRY			
2	Elementary/Secondary (0	-12)	College (1-4 or 5 +	,	armer		,									
MO	17. FATHER'S NAME (First, M	iddle, Last)			armer			18 MOTI	HER'S NAM	ME (First, Middle	a Maidan S		icul	ture		
	Walter Fr	itz						2 27 27								
BE	19a. INFORMANT'S NAME (7	/pe/Print)		19	b. MAILINO	ADDRES	SS (Street a	and Number	or Rural R	Hornin	or Town	State, Zip	Code)			
임	Joyce Seel				1601					* 7			, MD 2	21158	t	
	METHOD OF DISPOSIT	ON n 3 🗆 Remov	al from State	DOL OLAGE	AAID DATE		ALCOHOL 444									
	4 Donation 5 Other	(Specify)		St. Ba	rthol	omer	√ Cen	neter	У	2/7/9	7 Ha	nove	r PA			
	21. SIGNATURE OF FUNERA	L SERVICE LICE	VSEE			1 **	. HAME A	NO ADDRES	33 OF FAL	AILU I Y					170/0	
	Kup	W C	Tital	6	7 .	I	itt1	es'F	.н. з	4 Mapl	e Ave	a. Taid	++100	torm	17340	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardlec or reapiratory arrest, approximate shock, or heart feiture. List only one cause on each line.															
	IMMEDIATE CAUSE (Finel													val Batween et and Death		
	disease or condition	→ a.	5-	FIBRIL ATION 2 YE									YEARS			
	DUE TO (OR AS A CONSEQUENCE OF):															
CERTIFICATION	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):												18	YEARS		
¥	If any, leading to immediate cause. Enter UNDERLYING													İ		
Ĕ	CAUSE (Disease or injuthat initiated events		DUE TO	OR AS A CONSE	A CONSEQUENCE OF):									1		
品	reaulting in death) LAST															
	PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS															
EDICAL		BET									PERFORMED?				AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MED	HI	CH BL	100	PRESS	ESSURE						YES 2	OF DEATH?				
	DID TOBACCO U						NOX	UNC	ERTAIN				1	U TES	2 NO	
ĕ I	25. WAS CASE REFERRED TO EXAMINER?			26. PLA	CE OF DEAT				-							
PHYSICIAN:	1 TES 25 NO		HOSPITAL:	ER/Outpatient 3	tpatient 3 DOA 4 Nursing Home 5					5 Residence 8 Other (Specify)						
H	27. MANNER OF DEATH		28a. DATE OF (Month, Da		28b. TIM	E OF URY	28c. INJ WO	URY AT		28d. OESCRIB	E HOW IN	JURY OCC	URED			
B		2 Accident Investigation						YES 2	NO NO							
	3 Suicide 8 Homicide	ome, farm, s	Rreet, tac	tory, offic	•		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29a. CERTIFIER				=											
M M	(Check only		AN: To the best of a													
ខ្ល			On the beals of ax	amination and/or	Investigatio	n, In my	opinion, d	eath occur	ed at the t	ime, data and	place, and	due to the	cause(s) a	and manne	r as stated.	
H H	29b. SIGNATURE AND TITLE	OF CERTIFIER	11/	40 /	Α.			29c. LICE	NSE NUM	NUMBER 29d. DATE SIGNED (Month, Day, Year)						
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETER CALLS	E OF DEATH (ITE	J 270 /3 ===	Online!		111	10.0	DK 07	=		1/5	19	1	
	JOHN A	1 K	4220	Z M	1) (lype.	rnn()	-	TYS	ni	10/-	1	4	177	25	-	
	31. DATE FILED (Month, Day.	10. NUME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JOHN R. KALLOZ, MD GETTYSBURG, PA. 17325 31. DATE FILED (Morith, Day, Year) 32. BEGISTRAR'S SIGNATURE														
	FEB 1															
			-6												MH-18 Rev 1/89	



BALTIMORE, MARYLAND 21203-3146

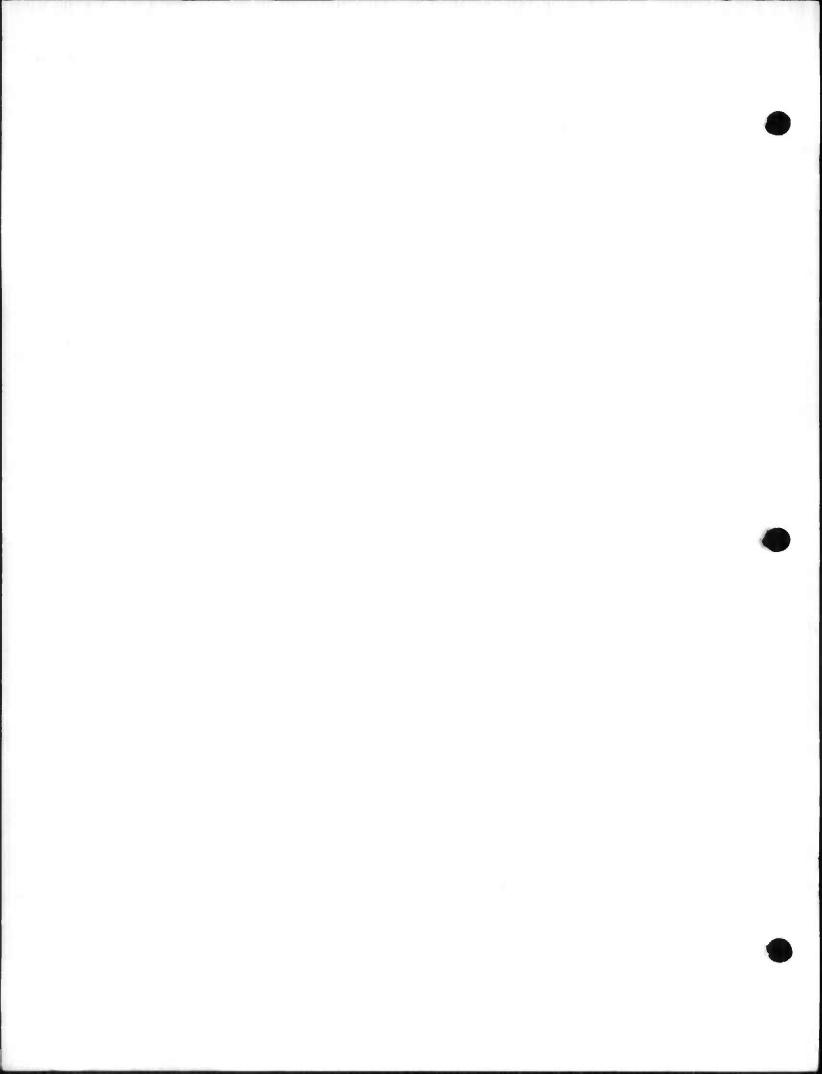
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a first after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be netified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIENI REG. NO.	E						
	1. DECEDENT'S NAME (First, Middle, Leat)	JACKSON	Fo	CLE	2. DATE OF DEATH DA	199	3. TIME OF DEATH 11:00 P M						
	4. SOCIAL SECURITY NUMBER 233-50-9221	THEM 2 F	ln yrs. leet birthdey) 80 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIH.	7. DATE OF BIRTH (Month, Day, Year) 6 / 4 / 1916	WI	ORTHPLACE (State or Foreign Country) EST VIRGINIA					
DIRECTOR	96. FACILITY NAME (If not institution, give st 2524 CROSS SEC RESIDENCE OF DECEDENT	,			R LOCATION OF DE	ATH		CARROLL					
	10s. STATE 10b. COUNTY	ARROLL		STMINS				10d. INSIDE CITY LIMITS? 1 VES 2 X NO					
FUNERAL	2524 CROSS SEC	TION RD.			21158			OF WHAT COUNTRY?					
B	11. MARITAL STATUS 1 Never Merried 2 Merried 2 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO	If yes, ep-	ENDENT OF HISPAN actify Cuben, Mexicon 24 NO Specify	IIC ORIGIN? (Specify Yes n, Puerto Ricen, etc.) /:	s or No- 14. RACE — American Indian, Black, White, etc. Specify: WHITE						
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coffege (1-4 or 5+)	(Give kind of v	USUAL OCCUPATION Work done during mote retired.) ARMER	N st of working	18b. KIND OF BUS		RY					
MO	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Maiden							
BE C	WILLI	AM LEE FOG	LE, SR.		HATT	IE BELLE	WILSO	ON					
0	19s. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		71157					
-	GLORIA J. CLEG					N RD. WES		STER MD.					
	20s. METHOD OF DISPOSITION Developed Burlet 2 Cremetton 3 Removal from State												
	21. SIGNATURE OF KIND AND PRIVICE LIC	CENSEE	DIAGANI	22. NAME AND ADDRESS OF FACILITY FLETCHER FUNERAL HOME 254 E.MAIN ST., WESTMINSTER, MD. 2115									
CERTIFICATION	23. PART I. Enterthe diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other significant condition NOW INSULIN RHEUMATON	DELENDE	NLDIL			AUTOPSY IMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH	EXAMINER? 1 VES 1 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)											
BY	Netural 5 Pending Investigation 3 Suicide 6 Could not be	Netural 5 Pending											
LETED	4 Homicide determined 29e. CERTIFIER CERTIFYING PHYS	111111111111111111111111111111111111111		ed at the time, date	and place, and dus								
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) and menner as stated.												
TO BE	29b, SIGNATURE AND TITLE OF CERTIFIE	posellad	Sout	>	DO10	≥ 20d. DATE SIGNED (Month, Day, Year) > 2 10 97							
۲	30. NAME AND ADDRESS OF PERSON W	10. COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type	e, Print)									
	31. DATE FILEO (Month, Day, Year) FFR 1 1 100	32. REGISTRAR'S SIGN	NATURE NATURE										



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Amended item #26 per physician State of Maryland / Department of Health and Mental Hygiene 2/5/97 Carroll County p.1.c. Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Deeth 3. Time of Death Month **Physician** 10:39 A Roger Woodrow Fisher /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner Carroll County General Hospital Westminster Carroll if Under 1 Year If Under 24 Hrs. 5. Social Security Number 6 Sev 7. Age (In yrs. last birthday) Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Days Hours DOM 20 F Yrs. Director 64 215-26-8203 Jan 14,1933 Maryland Usuai Residence of Deceden 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Modical Examiner must be notified at Director 1 ☐ Yes 2 ☐ No Maryland Carroll Finksburg the 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2323 Sandymount Road 21048 Funeral USA 12. Was Decedent Ever in U.S. Armed Forces? 15 Yes 2 □ No if Yes, Give 4/13/53-Year or Detes:4/13/53- Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Bleck, White, etc. 11. Meritel Status filed within 72 hours efter 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2√2 No Specify: þ Specify White 3 ☐ Widowed 4 ☐ Divorced 4/12/55
16a. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use retired) Completed 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) el Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) 10 Carpenter 3M Baltimore, Maryland 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) is marked oti Be Peges 1 end 2 should be Charles E. Fisher Blanch Poulson 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) nt of Health e: If item 27 is Rachel E. Fisher- wife 2323 Sandymount Rd, Finksburg, MD 21048 other 20a. Method of Disposition 20b. Pleca of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State ò permit. Pege Depertment of Important: If any injury or 4 ☐ Donation 5 ☐ Other (Specify) Evergreen Memorial Gard 2/7 Finksburg, MD 21. Signature of Fuperal Servica Licenses 22. Name end Address of Facility Eline Funeral Home care. 934 S Main St, Hampstead, MD 21074 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Deeth Physician /Medicai Immediate Ceuse (Final disease or condition resulting in death) Examiner The law requires that the death certificete be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting In death) Lest Box 68760, ettending physician Physician/Medical P.O. 1 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II. I tobacco use contribute to the cause of death? signed by ti 1 Yee 2 No 3 Probably 4 Unknown Division of Vital Records, þ Completed 24b. Were autopsy findings evelleble prior to 24a. Was an autopsy completion of cause of death? certificate has 1 ☐ Yes No or Attending Physician: Be 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ R/Outpatient 3 ☐ DOA After this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury at Work? 5 Pending investigation Naturei death. 1 ☐ Yes 2 ☐ No 2 Accident within 24 hours after deat To the Funeral Director: in by the 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Hospital Certifying Phyalcian: To the best of my knowledge, death occurred et the time, date and placa, and due to the cause(s) end manner as steted.

2 Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier

State Registrar

FREIJ 31. Date filed (Month, Day, Year)

FEB 05

30. Name and eddress of person

29b. Signature and title of certifier

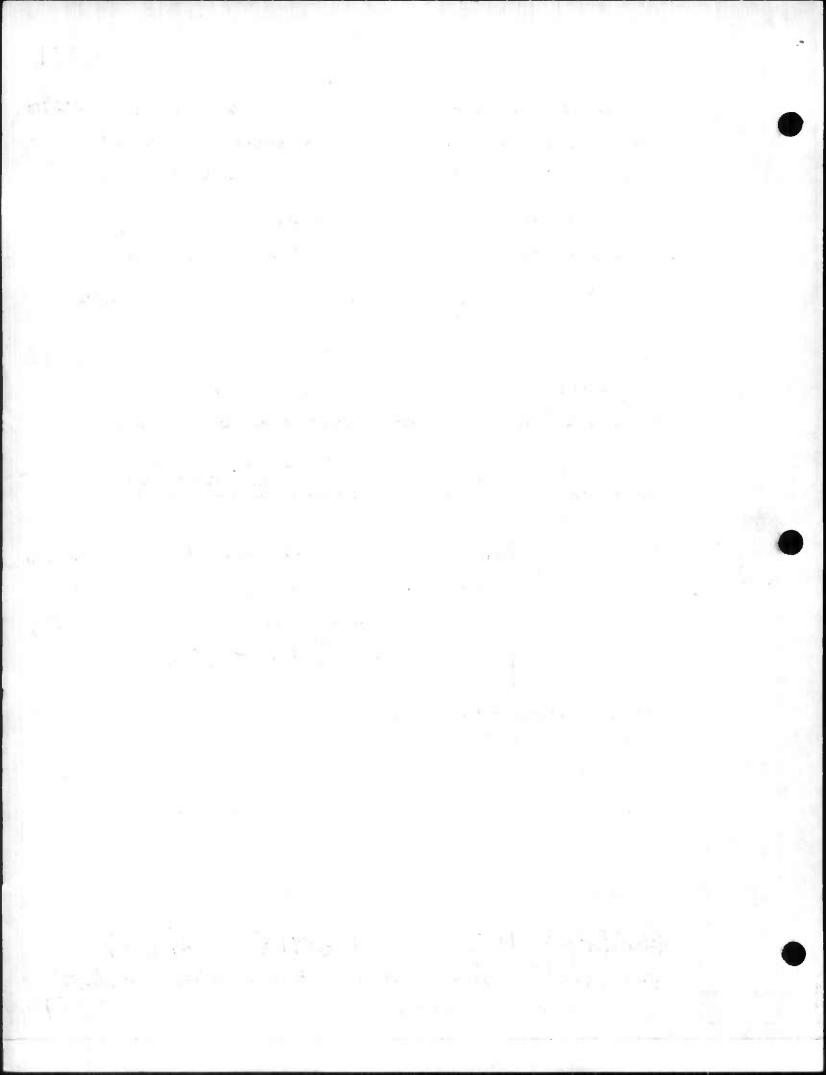
(Check only one)

32. Projetrer's Signature

pleted cause of death (Item 23a) (Type, Print)

29c. License number 29d. Date signed (Month, Day, Yeer)

the



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 05 | 62

						Cer	tificate of	Death		Reg. No.		0.04		
Die	!!		1. Decedent's Name (First, Middle, La	st)	-		1185		2. Date of Dea		Year 3	3. Time of Deeth		
	rysicia Medic		JAMES	C		THR	LEEM	NAI	TEB		797 0	9:02 Ar		
	kamin		4a. Facility Name (If not institution, given Suburban Hosp)			4b. City, Town, or Bethes	sda	Me	of Death	o.		
Fun Dire	neral octor	5	70-20-3370	9ex 7. A	ge (In yrs. le 8	st birthday) 35 Yrs.	Months Days			h , Year) – 1911	9. Birthpiace Country) Mill	a (State or Foreign)		
laryland	agai	20	Usuai Residence of Decedent 10a. Stata 10b. County			Town or Loc						Inside City Limits		
the N	al a	ect	D.C. D.C.		WA	SHING	10f. Zip Code			40a Chinas of l				
eth with	nunt De	ral Dir	6105 3RD STREE				200	· ·	r	U.S.				
d 21215-0020 filed within 72 hours after deeth with the Maryland Hygiene. ther than "natural", or items 23a or 28a-f show	ledisal Examiner must be notified at	by Funeral Director	11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces' 1 Yes 2 If Yes, Give Year or Detes:	?		/as Decedent of Yes, specify Cut ☐ Yes 2 No	Hispanic Origin? (Span, Mexicen, Pual Specify:	Specify Yes or No- to Rican, atc.)	Specify	e - Americen I ck, White, etc.			
72 h	police	Completed	15. Decedent's Ed (Specify only highest gre	ducation de completed)		16a. Decede	ent's Usuei Occur ind of work done O NOT use retire	16b. Kind of B	usiness/Indusi	try				
121 withling	10 Mg	du	Elementary/Secondary (0-12)	College (1-4or	5+)					D (.C. GOV'T			
d 212 filed with Hygiene. ther than	int, iii		N/A 17. Father's Name (First, Middle, Last,	N/A		REFUGE DRIVE			me (First, Middle,					
aryland 212 should be filed within nd Mental Hygiene. marked other than	C OV	To Be	ALBERT FREEMAN								andy			
Maryland d 2 should be file h and Mental Hy 7 is merked othe	ımeti	-	19a. Informant's Name/Relationship (MARY E. SAMUELS 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete						e, Zlp Code) 20011		
end 2 ealth a	r trac		ROSE FREEMAN									ON, D.C.		
Baltimore, Nomit. Pages 1 end 3 Depertment of Health Important: if Itam 27	ry or other traumatic event, the M		20a. Method of Disposition ↑□ Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specif	Removal from State	COL	metery, crem	ition (Name of etory or other ple MEMORI	1	Data 2/7/97	20c. Location		, State		
Baltim permit. Pag Depertment important: I	any injury once.		21. Signature of Funeral Service Licer		Oas) 22.	Nama and Addr	ess of Facility				20011		
			Part1. Enter the disease, or com shock or heart failure. List only	plications that ceuse	d the death.	Do not ente	the mode of dy	STREET ing, such es cardia	c or respiretory ar	WASHII rest,	Ap	oproximete		
Physic /Med Exam	lical		immediate Cause (Final disease or condition resulting in death)	. al	herer	nlo	1 ori				Or	terval Between inset and Death		
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Box eath cert attending	for use	clan		d										
IS, P.O. as thet the de igned by the	tached	y Physician/	Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Multi-Wart Dementia							Did tobacco use contribute to the cause of death				
of VItal Records, Physician: The law requires this certificate hes been signe	should be	Completed by	Rend Fait	les						en eutopsy med?	availal	eutopsy findings ble prior to letion of causa		
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Jing Affer	e funeral	ertification:	27. Manner of Death Naturel 5 ☐ Pending Accident investigation	ryat ork?]Yes 2 □ No	28d. Describe how injury occurred									
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ne Hospital n 24 hours ne Funeral	pletaly fill	edical	29a. Certifier Check only 2 Medical Exam	ysician: To the best niner: On the basis o and manner st	f examinatio	edge, deeth on and/or inve	occurred at the to estigation, in my	ime, date end pleco opinion, death occ	e, end due to the durred at the time,	euse(s) and ma date and place,	anner as state and due to the	d. e ceuse(s)		
To the within 2	com		29b. Signature and title of certifier	lula	1)/	n	D	sa number 2051 b		29d. Date signe	97			
6	/	(5)	30. Name and address of person who	completed ceuse of a	deeth (Item 2	23a) (Type, P	rint)	nn R1	B. Sh.	ed. 1	4/ 20	0974		
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State of Maryland / Department of Health and Mental Hygiene

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	land		Usuai Residence of Decedent 10a. State 10b. County		100	c. City, Town	or Location							10d. Inaide City Limits		
	Se-f sh	Director	District of Co	lumbia		W	ashing	gton						1XX es 2 □ No		
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020	n 72 hours after death with the Meryland "natural", or items 23s or 28s-f show edical Examiner must be notified at	by Funeral	11. Meritel Stetus 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. Wes Dec Armed F ad 1 Tyes If Yes, G Year or I	orces? 2 XNo ive	in U,S.		specify Cu			ecify Yes or No Rican, etc.)	Speci	ack, White	ican Indian, , etc. lack		
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	Physician		shock, or heart failure. List of	nly one cause on	each line.				, ang, oddina	3 001 0100	or roopiiatory t			Interval Between Onset and Death		
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ita/		Be	25. Was case referred to medical examiner?						28. Plec	e of Deat	h (Check only	one)	1			
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n C	Attending Physician: sr death. ector: After this certific. by the funeral director,	lon:	27. Manner of Death 1 ☑Naturel 5 ☐ Pending		of Injury oth, Day Yea	28b. Ti	jury	28c. Inje			28d. Describe	how injury occu	erred			
S	death death ctor: A	Icat	2 Accident investiga 3 Suicide 6 Could no	t be	o of Injune	At home, fan	M street for		☐Yes 2☐	No	28f Location	Street and Num	her or Pur	ral Route Number.		
2	구현목	Certification:	4 ☐ Homicide determin		ing, etc. (Sp		m, street, rac	nory, onice	9			wn, State)	Der Or Hur	ar noute reamber,		
	To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.	29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) 2 Medicat Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and menner stated.									cause(s) and m	anner as : , and due !	stated. to the cause(s)			
	Vithin To the	29b. Signature end title of certifier 29c. License number									29d. Date sign	ed (Month,	Dey, Year)			
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	(5)		30. Name end address of person will Robert T. Dibble	no completed cause, MD.	se of death	(Item 23a) (1) Varn	Type, Print) um Sti	Prov	idence	e Hos Suite	spital,	DePaul 1 Washing	Medic	al Building		
	Sta Registr		31. Date filed (Month, Day, Year) FFB 04 18	32 F		Signature		,	-1-24-91	- 41 6			,D			
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State of Maryland	Department of Health and Mental Hygiene	7	0:	5	6	

1 0/1 Certificate of Death Reg. No. 1. Decedent's Nema (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Month **Physician** 1:08 PM SLORIA FEBRUARY 1997 /Medical 4a. Facility Neme (If not institution, give street end number, 4b. City, Town, or Location of Deeth 4c. County of Death Examiner WASHINGTON Takoma

7. Aga (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. MONTGOMERY 7. Aga (In yrs. last birthday) 5. Social Security Number 6. Sax Birthplece (State or Foreign Country) **Funeral** 6. Dete of Birth (Month, Dey, Months 1□M 2⊠F Deys 577-54-2175 56 Yrs. Director Wash., D.C. AUG 26, 1940 Usuel Residence of Decedent with the Maryland 10a. Steta 10b. County 10c. City. Town or Location 28a-f ahow 10d. Inside City Limits the Medical Examiner must be notified Vas 2□No Director Maryland Prince Georges Adelphi 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? 23a or 2200 Phelps Road Apt 201 20783 United States daath Funeral Herrs 2 11 Marital Status 12. Wes Decedent Ever in U.S. Was Dacedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian Armed Forces?

1 Yes 2 No
If Yes, Give Black, White, etc. filed within 72 hours after 1 Never Marriad 2 Married Baltimore, Maryland 21215-0020 natural', or 1 ☐ Yes 2 ☐ No Specify: Specify: À 3 ☐ Widowed 4 ☐ Divorced Black Year or Dates Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) None None permit. Pages 1 and 2 should be filed to Dapartment of Health and Mental Hygie Important: If Item 27 is marked other 1 any injury or other traumatic event, III 17. Fathar's Nama (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Joseph M. Ford 2 Esther Taylor 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Washington, D.C. 20003 Esther Ford (mother) 115 15th St., S.E. 20b. Plece of Disposition (Name of cematery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Steta 1 XBuriei 2 Cremetion 3 Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 2/7/97 Laurel, Maryland Maryland Nat. Cemetery 21. Signeture of Funaral Service Licens 22. Name end Address of Fecility ALEXANDER S. POPE FUNERAL HOMES M859 20747 5538 Marlboro Pike, Forestville, Md. 23e. Pert1. Enter the disease, or co plicetions that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hier tellure. List only one cause on each line. Approximate intervel Between Onset end Death **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medical 5+10 CK Examiner Due to (or es e consequence of) Examiner MONIA The law requires that the death certificate be axecuted burial-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated evants resulting in deeth) Lest Due to (or es e consequence of). BCEEDING CEREBRAL Box 68760. physician Physician/Medical the Due to (or es e consequence of): usa as no 2 n x n 3 3 4 4 14 P.O. page 2 should be detached Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert i. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably Tunknown Records, by 24b. Were autopsy findings avelleble prior to Completed 24e. Wes en eutopsy performed? completion of cause of death? cartificate has 1 Yes 2 KINO 1 TYes 2 No of Vital or Attending Physician: director. Be 25. Wes cesa referred to medical 26. Plece of Deeth (Check only one) exeminer' Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 2 ER/Outpatient 3 DOA 2 1 ☐ Yes YOU No After this fillad in by the funeral 27. Menner of Deeth 28a. Date of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Division 1 Neturel 5 Pending Invastigation 1 Yes 2 No s after death death. 2 Accident 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, streat, factory, office building, etc. (Specify) 26f. Location (Straat end Number or Rural Route Number, City or Town, Steta) 4 Homicide To the Hospital o within 24 hours af To the Funeral Di **Ty Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner as steted.

2 Madical Examinar: On the bests of exemination end/or investigetion, in my opinion, death occurred et the time, dete end piece, end due to the cause(s) end manner steted. Medicai 29e. Certifier completaly (Check only one) 29b. Signeture and title of certifier 29c Licansa number 29d. Dete signed (Month, Dey, Year) 19971 02 97 # 230 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) 7610 (ARROCE AYE SUDHAKAR. MD TAKOMPI 39. Registrer's Signeture 31. Date filed (Month, Day, Yeer) State 04 199 Registrar FFR

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Am willet # 26 Ker Physician, B. E, V. B. 2/7/97

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Death **Physician** Ice Jan. 1997 6:05 Am /Medicai 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Meridian Nursing anne er Unhapolis
If Undar 1 Year | If Under 24 His. | 8. Data Birthplece (State or Foreign Country)
 New York 7. Aga (In rs. lest birthday) 8. Data of Birth (Month, Dey, 153 24 Months Deys Hours 7563 1 M 2 KDE 87 Nov. 29,1909 Usuel Residence of Dacedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 Yas 2 No Maryland Anne Arundel Crofton 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 21114 1710 Bloomsberry Court United States Funeral 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 ☐ Yes 2√√No If Yes, Give Yeer or Dates: 1 Never Married 2 Married 1 ☐ Yes 2€ No Specify: p Specify. 3☐Widowed 4☐Divorced White Completed 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Salesperson Retail 17. Fether's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Be 2 William Richard Butcher Catherine Reynolds 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 1710 Bloomsberry Court Crofton Maryland 21114 Tom Fallon Son 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete Date XXX Buriel 2 Cremetion 3 Ramoval from State

Physician /Medical

Funeral

Director

28a-f show

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryla Department of Health and Mental Hygiena. Important: If fam 27 is marked other than "natural; or itema 23a or 28a-f show any injury or other traumatic event, its description and injury or other traumatic event, its description.

Baltimore, Maryland 21215-0020

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Examiner

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page 2 should

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completely filled in by

Hospital 24 hours a 24 hours

To the I

Certification: To

Medical

i or Attending Physician: The law requires that the death certificate be executed after death.

Director: After this certificate hes been signed by the ettending physician end

Box 68760.

Division of Vital Records, P.O.

Examiner Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseesa or Injury thet initiated events rasulting in deeth) Lest Physician/Medical

Immediate Ceuse (Finel disease or condition resulting In deeth)

4 ☐ Donetion 5 ☐ Other (Specify)

Varys

21. Signetura of Funerel Service Licensee

ander Due to (or es e consequence of) Due to (or as e consequence of): Due to (or es e consequence of):

Mary Rest Cemetery

2/3/97

22. Name and Address of Facility Robert E. Evans Funeral Home, P.A.

16000 Annapolis Rd. Bowie Md. 20715

Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Completed by 24e. Was en eutopsy performed? Be 25. Was cese referred to medicel axaminer? 28. Piece of Deeth (Check only one)

23e. Pert1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or raspiratory arrest, shock, or heart feilure. List only one cause on aech line.

24b. Were eutopsy findings aveileble prior to complation of ceuse of deeth? 1□ Yes 2□No 1 ☐ Yes 2 ☐ No Other: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1□ Yes 3☑ No 1.2 Inpationt 2 ER/Outpetient 3 DOA 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Neturel 5 Pending 1 TYes 2 TNo 2 Accident Investigation 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28a. Place of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 4 Homicide

29a. Certifier (Check only one)

12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, and due to the cause(s) and menner es steted.
2 Medicat Examiner: On the basis of exeminetion end/or invastigetion, in my opinion, deeth occurred et the time, dete and plece, and due to the cause(s) end mannar steted.

29b. Signetura and title of certifier

29c. License number

29d. Deta signed (Month, Day, Year)

Mahwah New Jersey

Approximete Intervel Between Onsat and Daath

and C Barner MM

30. Name and eddress of person who completed ceuse of death (Item 23e) (Type, Print)

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31. Dete filed (Month, Dey, Yeer)

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Nema (First, Middla, Last) 2. Deta of Deeth 3. Time of Death Dey 2 **Physician** John H. Gosnell February 4:16 PM /Medicai 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Laurel Regional Hospital Laurel Prince George 6. Sex 1 2 M 2 ☐ F If Under 1 Yaar If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey,) Jan 13, Birthplece (Steta or Foreign Country) **Funeral** Deys Months Hours Vrs 577-54-8851 Director 61 1936 Washington DC Usuel Residence of Decadent the Maryland 10a State 10b. County 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. Inside City Limits Director Howard MD 1 ☐ Yes 2 No Jessup 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 8205 Washington Boulevard Lot 40 20794 USA Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 XYes 2 □ No If Yes, Give Yeer or Detes: 195 13. Wes Decadent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. filed within 72 hours efter 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify. Specify White p 3 ☐ Widowed 4 ☐ Divorced 1958 Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Maryland State marked other than Elementery/Secondery (0-12) College (1-4or 5+) Hygiene. Grade 12 Laborer Highway Administration 17. Fathar's Neme (First, Middle, Lest) permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if Item 27 is marked ofth eny linjury or other traumatic event and injury or other traumatic event anse. 18. Mothar's Neme (First, Middle, Melden Sumeme) Howell Preston Gosnell Evelyn S. Marshall 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) spouse 8205 Washington Blvd Lot 40, Jessup, Maryland 20794 Ruth Gosnell 20e. Method of Disposition 20b. Placa of Disposition (Neme of cametery, crematory or other place) Dete 20c. Location - City or Town, Stete 1 Buriel 2 □ Cremetion 3 □ Removel from Stata 4 ☐ Donetion 5 ☐ Other (Specify) Maryland Veterans Cem. 2/7/96 Crownsville, Maryland 21. Signeture of Funeral Se 22. Neme end Address of Fecility Donaldson Funeral Home, P.A. 313 Talbott Ave. Laurel, Maryland 20707-4389 23a. Part1. Enter the dureage of complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or hear failure. List only one cause on each line. Approximata Interval Between Onset and Death Physiclan /Medicai Immadieta Ceuse (Final diseesa or condition resulting In deeth) Yocardia Examiner Examiner nan The law requires that the death certificete be executed Sequentielly list conditions, if eny, laeding to immediate cause. Enter Underlying Ceuse (Diseesa or Injury that initiated events rasuiting in deeth) Last Dua to (et as e consequence of): Box 68760. Physician/Medical the Due to (or as a consequance of): USB BS P.O. 1 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? p 3 Probably 4 Unknown 1 ☐ Yes 2 No signed b Records, þ 24b. Wara autopsy findings evallabla prior to completion of cause of death? Completed 24a. Wes en eutopsy performed? page 2 1 Yes 1 Yas 2 No of Vital or Attanding Physician: 25. Was case referred to medical 28. Place of Deeth (Check only one) D Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatiant 2 ☑ ER/Outpatient 3 ☐ DOA Certification: 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Division 1 Natural 2 Accident 5 Pending Investigation To the Hospital or Attanding within 24 hours after death.

To the Funeral Director: Afte completely filled in by the fun 1 ☐ Yes 2 ☐ No 3 Suicide 6 Could not be determined Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 29e. Certifier Medical 15 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as steted. (Check only one) 2 Medical Examiner: On the besis of examinetion and/or investigetion, in my opinion, deeth occurred at the time, date end pleca, and due to the cause(s) end menner steted. 29b. Signature and this of certifiar 29c. License number 29d. Dete signed (Month, Dey, Year) 022966 lew wo 30. Neme end address of person who completed cause of deeth (Item 23a) (Type, Print) THOMAS H. BURGUIERES, MO LAUREL REGIONAL HOSPITAL LAUREL.

DHMH 16 Rev 6/95

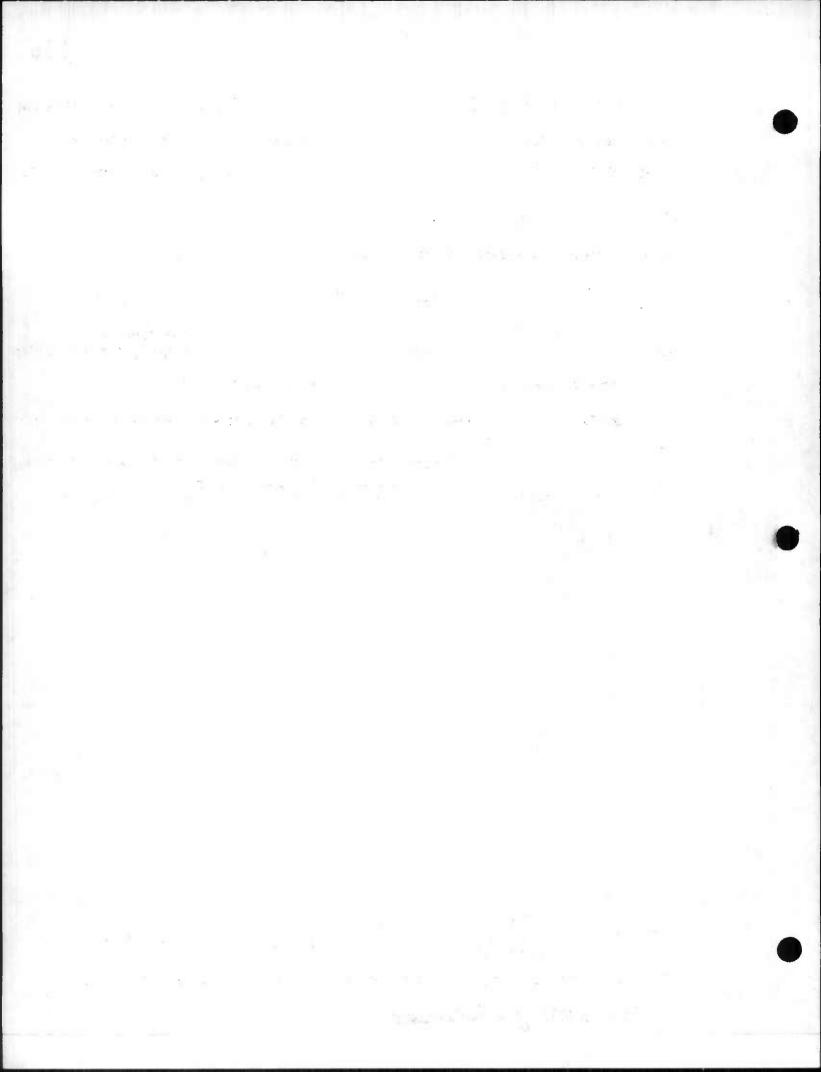
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Registrar

31. Dete filed (Month, Dey, Yeer)

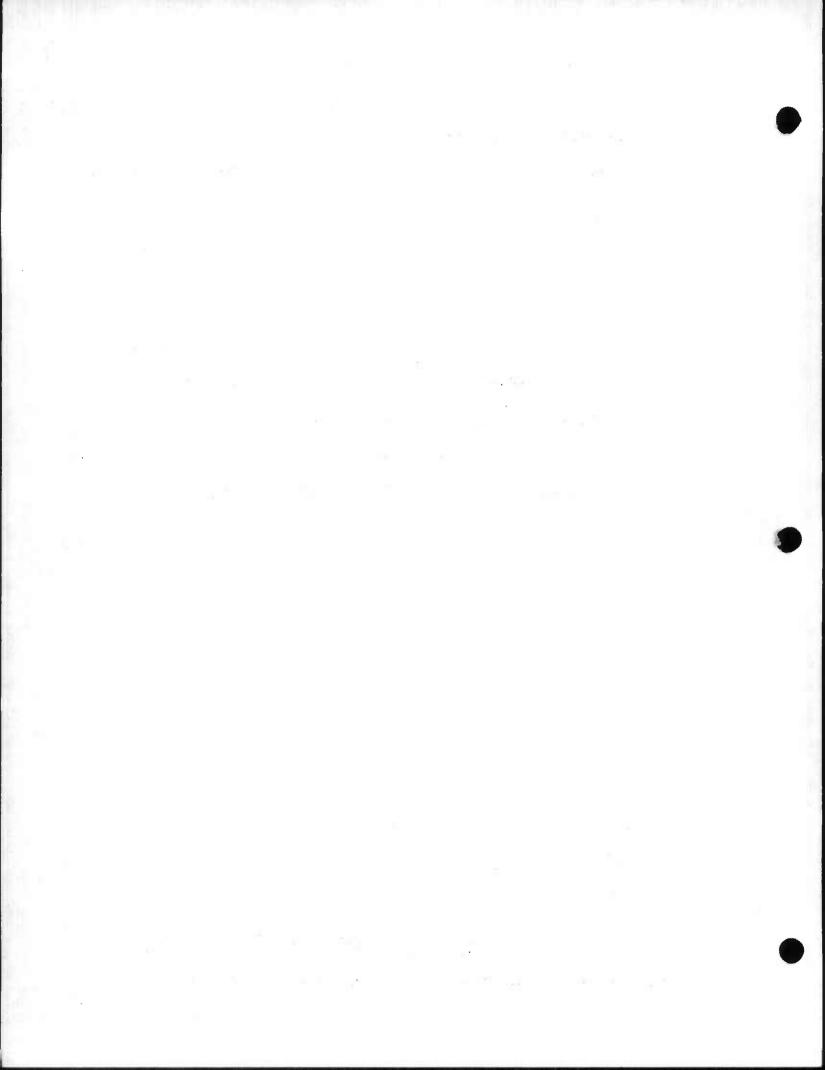
32. Registrer's Signature

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State of Maryland / Department of Health and Mental Hygiene 97 05 167

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		The Memori 5. Social Security Number 6. Se		Call n yrs. last birthday)	If Undar 1 Yaar	Easton If Under 24 Hrs	9 Date of Righ	Tal	bot
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yland		10a. Stata 10b. County	10	c. City, Town or Lo	ocation				10d. Insida City Limits
e Mar	ctor	Maryland Carolin	e	Denton					1√ Yas 2□ No
or 28	Director	10e. Straat and Number			10f. Zip Coda	•		0g. Citizan of Who	
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f refut a should be into which for increasing the majorand of health and Mandail Hygiene. If the 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, ins Medical Examiner must be notified at	by Funeral	11. Marital Status 1 □ Navar Married 2 □ Marriad 3 □ Widowed 4 □ Divorced	12. Was Decedant Eval Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas:		Was Dacedant of If Yas, specify Cub	Hispanic Origin? (Span, Maxican, Puar Specify:	Specify Yas or No- to Rican, atc.)		American Indian, White, etc.
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t of Health If item 27 or other to		20a. Mathod of Disposition		20b. Place of Dispo camatary, crar	-			20c. Location - Cit	
0 - 2		1 ☑ Burial 2 ☐ Cramation 3 ☐ F 4 ☐ Donation 5 ☐ Othar (Spacify)	lamoval mom Stata	Denton C		ica)	2/11/97	Denton,	Maryland
원원들.		21. Signature of Funeral Service Lipens			2. Nama and Addre	ass of Facility	_,,		
Depa Impor any ir		(Kan Johl	11/			eral Home			
		23a. Part 1 Enter the disease for composition, or heart failure. Wast only or	ications that causad tha	daath. Do not ant	O Drawer	B, Dento	on, Maryl	and 2162	Approximata Intervel Betwaan
Medical range as the burlet-transit	Examiner	Immediate Causa (Final disease or condition rasulting In daeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Dua Dua	to (or as a consect COKE to (or as a consec	quanca of):	HEAR	FAIL		
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phys the	Medical	rasulting in daath) Last	0 0	to (or as a conseq					
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d for	icia	Part II. Other significant conditions con	tributing to death but no	at resulting in the u	ndarlying cause of	ven in Part I	29h Did to	hacco use contri	buts to the cause of death?
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s certificate director, pag	Be	25. Was casa raferred to medical axaminar?					ath (Check only one	a)	
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ector: by the	Certification:	2 Accidant invastigation 3 Suicida 6 Could not be datarminad	28a. Placa of Injury - building, atc. (S)	At homa, farm, stri pecify)		Yas 2□No	28f. Location (Str. City or Town	raat and Number (, Stata)	or Rural Routa Number,
To the Funeral Dir	edical (29a. Cartifiar (Check only one) 2 Medical Examin	lcfan: To tha best of my ner: On tha basis of axa and mannar stated.	y knowladga, death mination and/or inv	occurred at tha ti vastigation, in my o	ma, data and place opinion, daath occu	, and dua to tha ca irred at tha tima, da	usa(s) and manne ita and placa, and	ar as stated. dua to tha causa(s)
within 2 To the comple	Σ	29b. Signatura and titia of certifiar	~ /		29c. Licans	sa number	29	d. Data signed (A	fonth, Day, Year)
		Exit Fle	n Duo k	Mix	D35	TO4 8	3 2	18/9	7
		30. Neme and address of person who co	opleted cause of death	(Item 23a) (Type,				/ - /	
		Eric F. Ciganek,	M.D., PO Bo	ox 339, 0	Centrevi]	le, Mary	land 216	517	
Stat	te	31. Data filad (Month, Day, Year)	32 Registrats S	Signetura Panda	IR,				

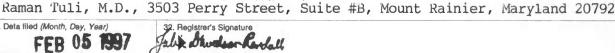


State of Maryland / Department of Health and Mental Hygiene 97 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Tima of Death **Physician** Month 2 Pm WALTER GEORGE Feb 1997 /Medical METZOCOH RH4b. City, Town, or Location of Death 1801 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth Examiner Health Care Adelphi Conter. Adelphi Heartland Prince Georges If Under 1 Yeer 5. Sociel Security Number if Under 24 Hrs. Birthplece (State or Foreign Country) 7. Age (in yrs. lest birthdey) **Funeral** Deys 1X M 2 ☐ F 119-52-1464 Director Guyana, W.I. Usuei Residence of Decedent with the Marylend 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itsms 23s or 28s-f show traumatic event, the Madical Examinar train by notified at Maryland Prince George's 1 No Yes 2 No Landover Director 10e. Street and Number 10f. Zip Code 10a. Citizen of What Country? 3814 Thornwood Drive 20785 U.S.A. permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Heelih and Mentel Hygiene. Important: If them 27 is marked other than "netural", or flems 23a any Injury or other traumatic event, the Mad at Experiment page. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specity Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: 1 ☐ Never Merried 210 Merried Baltimore, Maryland 21215-0020 Black 1 ☐ Yes 2 No p 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Private Insurance Agent 5+ 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Jack George Doris Steven 2 19e. Informent's Name/Raiationship (Type, Print) 19b. Melling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Neville Britton/Uncle 4305 54th Street, Bladensburg, Maryland 20710 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriei 2 ☐ Cremetion 3 ☐ Remove from State West Coast Berbice. Hopetown Cemetery 1997 4 ☐ Donetion 5 ☐ Other (Specify) Guyana, W.I. 21. Signeture of Funerel Service Licensee J.B. JENKINS FUNERAL HOME Na A. Percentie 7474 Landover Road, Landover, Maryland 20785 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilura. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immedieta Cause (Finel diseese or condition resulting in deeth) Cordiac arres Examiner Examine physician and s the burial-transit The law requires that the deeth certificate be executed Sequantially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Division of Vital Records, P.O. Box 68760, Completed by Physician/Medical Due to (or as e consequence of) ed by the detached Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco uss contributs to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings aveilable prior to completion of cause of death? 24e. Wes an autopsy performed? peen : hes 24 No cartificate 1 ☐ Yes 1 Tyes 2 □ No Hospital or Attending Physician: 25. Wes case referred to medical exeminar? Be 28. Piece of Deeth (Check only ona) Hospitei: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 inpatient 2 ER/Outpatient 3 DOA After this funerel 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred 1 Neture 5 Pending n 24 hours aftar deeth.
he Funeral Director: Af toletaly filled in by the fu investigation 1 Yes 2 No 2 Accident 6 Could not be datermined 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 3 ☐ Sulcide 28a. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 ☐ Homicide 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the ceusa(s) end mannar as stated. completely (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. To the Vithin 2 29b. Signature and filte of certifier 29c. License number 29d. Dete signed (Month, Day, Year)

Registrar

31. Deta filed (Month, Day, Year)

FEB 05 1997



30. Name end eddress of person who completed causa of daath (Item 23e) (Type, Print)

The state of the s

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 05169 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month Yaa AU JANUARY 29 4b. City, Town, or Location of Death 4e. Facility Nama (If not institution, giva street and number) If Under 1 Year If Under 24 Hrs. 8. Data of Birth Months Day, Year) 4c. County of Deeth maymo 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 9. Birthplaca (State or Foreign 1 □XM 2 □ F WASHINGTON 40 Yrs 577 74 4680 Usual Rasidenca of Dacadent 10a. Steta 10b. County 10c. City, Town or Location 10d. Insida City Limits P.G. SUITLAND 1 Yas 2 No 10e. Streat and Number 10f. Zip Coda 10g. Citizan of What Country? 5893 SUITLAND ROAD 20746 USA 12. Was Decedant Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☐No If Yas, Giva Year or Dates: 13. Was Dacedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Maxican, Puarto Rican, atc.) 11 Marital Status 14. Race - American Indian, Black, White, atc. 1 Nevar Married 2 Married 1 ☐ Yas 2 ☐ No Specify. Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highast grade completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Coliega (1-4or 5+) Elamantary/Secondary (0-12) 12TH ACTIVITIES COORDINATOR D.C. RECREATION 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nema (First, Middla, Maiden Sumama) PAUL LEROY GRAY SR. IOLA THOMPSON 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Route Number, City or Town, Stata, Zip Coda) IOLA MARTIN 5893 SUITLAND ROAD SUITLAND MD 20746 20a. Mathod of Disposition 20b. Place of Disposition (Name of 20c. Location - City or Town, Stata Cematary, cramatory or other plant LINCOLN CEMETERY X Burial 2 Cremetion 3 Remove from Stete -30-97 SUITLAND MARYLAND 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Service Licensee 3821 14th N.W. 23a. Part 1. Enter the efficase, or complications thet caused the death. Do not anter the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximeta Intarval Between Onsat and Death Immediata Cause (Finai PNEUMOCOCEAL PNEUMONIA diseesa or condition resulting in daath) Dua to (or as a consequence of): HIV INFECTION Due to (or as a consequence of) 36 HRS IRTORY Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings evailable prior to completion of cause of death? 24a. Was en autopsy performed? DISEASE RENAL 2 No 1 Yas 1 Yas 2 No HIV

Physician /Medical **Examiner**

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To the Hospital within 24 hours a To the Funeral D complately filled in

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Certification:

Medical

or Attending Physician: after death.

Director: After this cartifica

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The law requires that the death certificate be asscuted

P.O. Box 68760

Division of Vital Records,

Physician

/Medical

Examiner

MD

Funeral

Director

ral', or flarms 23a or 28a-1 show Examiner must be notified at

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permit. Page Department of Important: If any Injury or

Director

Funeral

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Be Completed

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Baltimore, Maryland 21215-0020

Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disaasa or injury that initieted evants rasulting in daeth) Lest Physician/Medical à Be Completed

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25. Was casa rafarred to medical examinar? 1 Yas 2 No 1/2 Inpatiant 2 ER/Outpatient 3 DOA

26. Placa of Death (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify)

27. Mannar of Death 1 Natural 2 Accidant

3 Sulcida

4 Homicida

28a. Data of Injury (Month, Day Year) 5 Panding investigation 6 Could not be datarmined

28b. Tima of 28c. Injury at Work? 1 Yas 2 No

28d. Dascribe how Injury occurred

28f. Location (Straat and Number or Rural Route Number, City or Town, Stata)

29a. Cartifiar (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the causa(s) and manner as stated.

Umbedical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the causa(s) and manner stated.

29b. Signeture and itla of certifian

29c. Licansa number

30. Nema and address of person who completed cause of death (Item 23a) (Type, Print)

D16116

501

PAME LA

29d. Data signed (Month, Day, Year)

8926 WOOD YARD 31. Data filed (Month, Day, Year)

06

32/Registrar's Signatura

28a. Placa of Injury - At homa, farm, straet, fectory, office building, atc. (Spacify)

RD

State Registrar

which were the part of the part

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Yeer Marguerite Florence Grigsby February 2, 1997 8:00 am /Medicai 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 3720 Shepherd Street Brentwood Prince George's If Under 1 Year if Under 24 Hrs.
Months Devs Hours Min. 5. Social Security Number Funerai 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthpleca (State or Foreign Country) 1 ☐ M 2 🗓 F Deys Hours Yrs. Director 220-26-4801 66 5, 1930 Washington, DC Usual Residence of Decedent the Maryland 10e. State "natural", or Items 23e or 28a-f show 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 NYes 2 No Prince George's Brentwood 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? death with 3720 Shepherd Street 20722 Funeral U.S.A. 12. Wes Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yas, Give Yaer or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxicen, Puerto Ricen, etc.) 11. Marital Stetus 14. Rece - American indian, filed within 72 hours after Bleck, White, atc. 1 Nevar Married 2 Married 21215-0020 1 ☐ Yes 2 ☒ No Specify: þ Specify: White 3 X Widowed 4 ☐ Divorced Completed The Medical 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry I Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed with Department of Health and Mental hygient Important: If item 27 is marked other the eny injury or other treumatic event, in a page. 10 Cashier Retail Grocery Baltimore, Maryland 17. Fether's Nema (First, Middle, Last) 18. Mother's Name (First, Middla, Malden Sumema) Be Adolph Earnest Beeg Lillian Marguerite Smith 19e. Informent's Neme/Reietlonship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) William P. Grigsby, Jr. - Son 3720 Shepherd Street, Brentwood, Maryland 20722 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ₺ Burlei 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Fort Lincoln Cemetery 02/06/97 Brentwood, Maryland 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, MD 20781 23e. Pert1. Enter the diseasa, or complications that caused the death. Do not entar tha mode of dying, such as cerdiec or respiretory errest, shock, or heart feilure. List only one cause on each line. **Physician** Immediate Cause (Final diseasa or condition resulting in deeth) /Medical Examiner Due to (or as a consequence of): Hospital or Attending Physician: The law requires that the death certificate be executed 24 hours efter death.

Puneral Director: After this certificate has been signed by the attending physician and etely filled in by the funeral director, page 2 should be deteched for use as the burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or injury that initiated events rasuiting in deeth) Last Due to (or es e consequence of): P.O. Box 68760, Physician/Medical Due to (or es a consequence of): Pert Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown COPD Division of Vital Records. þ 24b. Wera eutopsy findings available prior to completion of ceuse of deeth? Completed 24a. Wes an eutopsy 1 Yes 2 No 1 Yes 2 No Be 25. Wes cese referred to medical 26. Place of Deeth (Check only one) Certification: To Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Weturel 5 Pending 2 Accident investigetion 1 Yes 2 No 3 Suicide 6 Could not be 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital c 16 Certifying Physician: To the best of my knowledge, death occurred et the time, date end plece, end due to the cause(s) end menner es steted. Medical 29a. Certifier 2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 29b. Signatura and title of certifiar 29c. License number 29d. Date signed (Month, Day, Year) 30. Nema and eddress of person who completed ceuse of daeth (Item 23e) (Type, Print) 009187 February 3, 1997 Leon R. Levitsky, M.D. 8100 Good Luck Road #400, Lanham, Maryland 20706-3500 31. Dete filed (Month, Dey, Year) 32. Pegistrar's Signeture State FEB 05 1997 Registrar

DHMH 16 Rev 6/95

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 05 17 1

						Cei	rtificat	e of	Death			Reg. No.		
			1. Decedent's Name (First, Middle, L	ast)							2. Date of De	ath		3. Time of Death
	Physic		BABY GIRL					CA	MDIT		Month JANUARY	20,	1997	4:50 P.M.
	/Medi Exami		4a. Facility Name (If not institution, g	ive street and numb	per)				MBLE 4b. City. To		cation of Deat	-	unty of Death	
	Exami	ilei	THE JOHNS HOPKI										,	
Н	E				ALL Age (In yrs. last b	oirthday)	If Under		BALTI If Under	MUKE 24 Hrs.	8. Date of Bir	th	Q Riet	hplace (Stete or Foreign
	Funeral Director		NONE	1□M 2∏F	rigo (m. yra. idai z	Yrs.	Months 3	Days	Hours	Min.	EPT 2	7 199	16 Col	MD.
			Usual Residence of Decadent				5	23		4	DI 1 2	, 155	9	10 •
	Man Man		10a. State 10b. County		10c. City, To	wn or Lo	cation							10d. Inside City Limits
	Man	to	MD. P.G	•	HILL	CRE	ST H	EIG	HTS					1 XYes 2 □ No
	284	Director	10e. Street and Number				10f. Zip	Code				10g. Citizen	of What Cou	untry?
	3a o	0	3380 CURTIS	DRIVE #3	101		2	074	6			T	JSA	
	72 hours efter deeth with the Maryland natural', or items 23a or 28a-f show yiral Exeminet must be notified at	Funeral	11. Marital Status	12. Was Decede	ent Ever in U.S.	13. \	Was Deced	dent of h	lispanic Ori	ain? (Spe	cify Yes or No		Race - Amer	ican Indian.
	fter f	Für	Never Married 2☐ Married	Armed Force	es?					i, Puerto I	cify Yes or No Rican, etc.)		Black, White	e, etc.
22	d within 72 hours efficiene. The Medical Exem	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Date			1 ☐ Yes	2X□ No	Specify:			Spe	ecify BLA	CK
Ŏ	natural',		15. Decedent's I	ducation	16	e. Deced	dent's Usua	ai Occur	petion			16b. Kind o	of Business/I	ndustry
212	nin 7	Completed	(Specify only highest g	rede completed)		(Give life. L	kind of wo	rk done se retire	during mos d)	t of workir	ng			
21	iene.	E	Elementery/Secondary (0-12)	Coilege (1-4	or 5+)		NO	NE					NONE	
D	a fig	Bec	17. Father's Name (First, Middle, Les	1)					18. Mothe	er's Name	(First, Middle,	Meiden Sun	neme)	
lar		ToB	LARRY WHITTA	KER					LII	LY (GAMBLE	2		
Maryland 21215-0020	should nd Mer merke	-	19a. Informant's Name/Relationship	(Type, Print)	19	b. Maiiir	na Address	/Street	and Numbe	er or Rura	l Route Numb	er City or To	wn Stele 7	^(ip Code) 20746
Ž	0 0 0 0		LARRY WHITTAKE		B 33	280	CIIDI	TC	א מת	101	UTITO	שמשמי	HELC	20746 SHTS, MD.
9	ges 1 and it of Health If Itam 27 or other tr		20a. Method of Disposition	K/ I AIIIE	20b. Piaca	of Dispo	sition (Nen	ne of		-101	Date		on - City or T	
0	0 = t		1 ☐ Burial 2 🖾 Cremation 3		NO.	e <i>ry, cr</i> en V A	natory or o	ther ple M A ጥ	Ce) ORY	1/22		ARLIN		
Baltimore,	rtan rtan		4 Donation 5 Other (Spec		^	_				1	, , ,	UKLTIA	GION	, VA.
Ba	permit. Pa Departmen Important: any Injury once.		21. Signayare or Faneral Service Lo	1					ss of Facilit		HOME			
	20244		10000	Nac	4).	_ 3					V.W. V	VASH.	DC 2	0010
			23a. Part1. Enter the disease, or con shock, or heart failure. List oni	npilications that cau yone cause on eac	sed the death. Do	not ente	er the mod	e of dyir	ng, such as	cardiac o	r respiretory a	rrest,		Approximate Interval Between
6	Physician													Two and one
۲.	/Medical	-	Immediate Cause (Final disease or condition		Thoraci	6	duct	- 0	bstr	uct	ion			half months
	Examiner		resulting In death)	а/	Due to (or as a Due to (or as a Due to (or as a	conseq	uence of):							Two onl on
×	₽ #	Examiner			in perior	· V	ena	Car	10 T.	hron	bosis			half months
	nd	am	Sequentially list conditions,	D	Due to (or as a	conseq	uenca of):							Two and one
Ó	e exe lan a urial-		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		Candid	al	Len	5/5					i i	half months
68760,	certificate be executed ding physician and ise as the burial-transit	/Medical	that initiated events resulting in death) Last	C	Candid Due to (or as a	consequ	uence(gf):	- 1/		•				For and a
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XOX				d	C / 9/V	CVICT	Y	, -,	001		1		i	ning wanting
œ e	es that the death igned by the etter be detached for to	Physician	Part II. Other significant conditions	contributing to deat	h but not resulting	In the ur	nderlying c	ause giv	en in Part i		23b. Dld	lobacco use	contribute	to the cause of death?
P.O.	t the	h'										Yes 2 N		obably 4 Unknown
Ś	s the	by												
Ď	The law requires that the death ate hes been signed by the effer page 2 should be detached for											an autopsy	24b. V	Vere autopsy findings
Record	w require been si should	Completed									perio	rmed?	C	valiable prior to completion of cause of death?
Re	The law ate hes page 2	E												
			OF Mean and and a district								10	,	5 1	Yes 2 No
Vita	Attending Physicien: The st death. ector: After this certificate by the funeral director, pages	Be	25. Was case referred to medical examiner?	Hospital:				Oth	or.		(Check only o			
ō	this aldi	2	1 Yes 2 No 27. Menner of Death	1 lnpi				A	41 NU		ne 5 Resk			ify)
Division of	Ing After	Certification:	1 Natural 5 ☐ Pending	28a. Dete of I (Month,	Dey Year) 280.	Time of Injury		Bc, Injur			8d. Describe I	now injury oc	curred	
S	or Attending after death. Director: After I in by the fune	cat	2 Accident Investigetion 3 Suicide 6 Could not I				М		Yes 2					
₹	filer of Mines	T.	4 ☐ Homicide determined	28e. Place of	Injury - At home, f etc. (Specify)	arm, stre	et, factory	, office		2	8t. Location (3 City or Tov		imber or Rui	rai Route Number,
_	urs a													
	Hosp 14 ho Fune tely f	edical	[Uneck only 2 Medical Exa	nysician: To the be miner: On the basis	of examination e	e, death nd/or inv	occurred e estigation,	ot the tir	ne, date an pinion, dea	d placa, a th occurre	nd due to the	cause(s) end date and place	manner as :	stated. to the cause(s)
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Med	one)	and manner	stated.	===(10)			The real line					
, F	With To To		29b. Signature and title of certifier	1			290	. Licens	e number		= =	29d. Date sig	jned (Month,	, Dey, Year)
	1		* Skotnet &	Lamore	2 U.S.	1.	A	54	147-35	7-111	0854	Janva	ary 2	0,1997
1	1)		30. Name and eddress of person who	completed cause of	of death (Item 23a)	(Type, F	Print)		A	1	10			10
1	9		Robert Iaunone	, U.M.	death (Item 23a)	ort	70 6	201	te S	1100	+ Ba	etimo	re, Me	ary and Jus.
	Sta	te	31. Date filed (Month, Dey, Year)		strar's Signature								t	7
	Registr	ar	FEB. 04. 199	July a	Dividean la	Mall								

Registrar DHMH 16 Rev 6/95

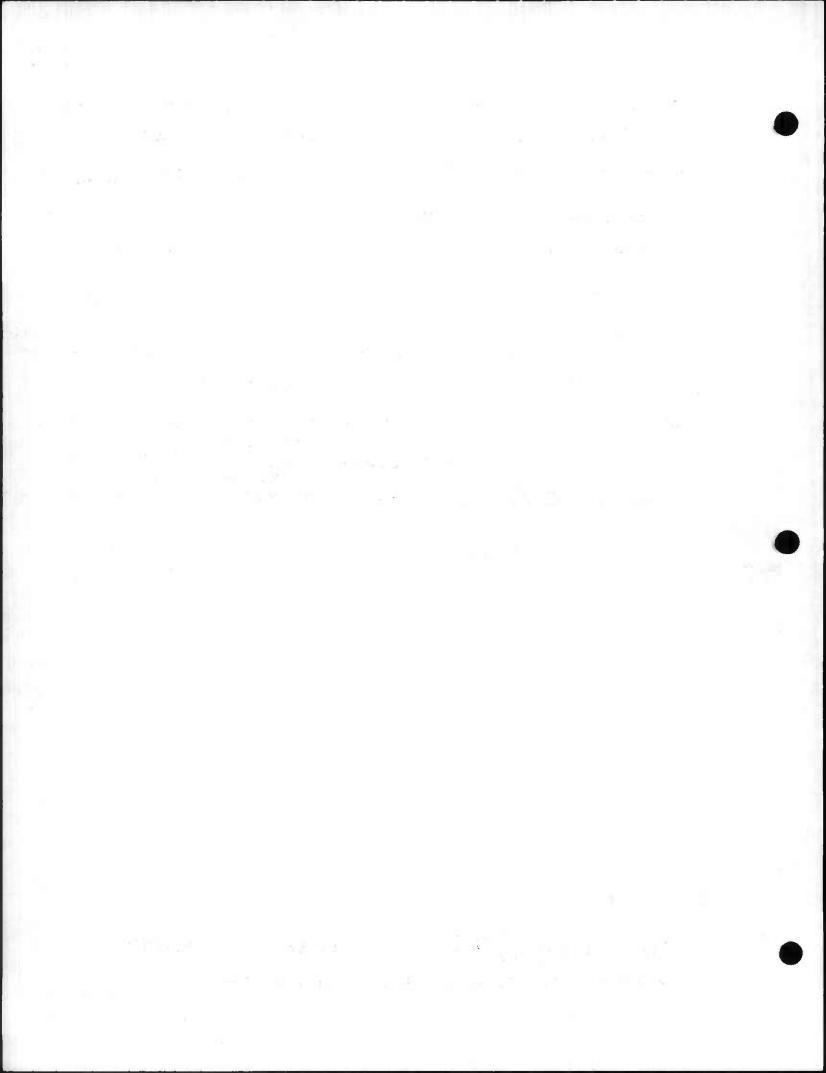
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State of Maryland / Department of Health and Mental Hygiene 97 05172

							Ce	ertifica	ate of	Death			Reg. No.		00	1114
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	/Medi		Judith P.		Hoy	er						Feb 6,	1997	TOUT	3	:36 AM
1	Exami	ner	4e. Fecility Name (If not institution 6319 Teresa 1	n, give street ei Lane	nd n <i>umber)</i>					4b. City, Tov		ocation of Deet	4c. Count	y of Deeth les		
	, Funeral Director		5. Social Security Number 578 54 1745 Usual Residence of Dacadent	6. Sex 1 □ M 2 ₹		57	birthday Yrs.	Month	der 1 Year ns Deys		24 Hrs. Min.	8. Dete of Bir (Month, De Dec 19	th y, Year) , 1939	Coun	itry)	itate or Foreign
	how		10e. State 10b. County			10c. City, T								1	0d. Insi	ida City Limits
	Sa-f s	Director	Maryland Charle	es		LaP	lata	l .							1 🗆	Yes 20 No
	th with the 23a or 2 ust be no	ai Dire	10e. Street end Number 6319 Teresa 1	Lane				10f.	Zip Code 206	46			10g. Citizen of United			
0200	be filed within 72 hours after death with the Maryland stal thygiene. Id other than "natural", or Items 23s or 28s-f show event, the Medical Exactine must be notified at	by Funeral	11. Marital Stetus 1 □ Never Merried 2XXMar 3 □ Widowed 4 □ Divorceo	ried 1 if Ya	Decedent E ed Forces? Yes 2 X N is, Give r or Dates:		13		cedent of pecify Cul		jin? (Spe , Puerto	ecify Yes or No Rican, etc.)	- 14. Re Bis	ce - Americack, Whita,		
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any	f Health and Zenould f Health and Menter 27 is marke other traumatic.	-	19a. Informant's Name/Relations	ship (Type, Prin	1)		l9b. Mai	ing Addre	ess (Stree	t and Numbe	r or Rura	i Route Numb	er, City or Town	, State, Zip	Code)	
			Steny H. Hoyer	ב			970	Parl	ett 1	Morgan	Roa	d, Mech	nanicsv:	ille,	Md	20659
Baltimore,	permit. Peges 1 and Department of Health Important: If Item 27 any Injury or other tr once.		20a. Mathod of Disposition 12 Surlal 2 Cremation 4 Donation 5 Other (S		from State					nca) Feb nal Cer			20c. Location Suitlan			
Balti	permit. Peges 'Department of Finportant: If its any injury or of once.		21. Signature of Funeral Servica	Licensee	· 0	Masii	1	22. Name	and Addr	ess of Facility	Lee	Funera	al Home,	,Inc 6	5633 1 20	01d
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	Examiner		disease or condition resulting in death)	а(7 AS	STO Due to (or as		equence o	Mr.					1		
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P.0.	that the de led by the e detached	Physician/	Part II. Other significent condition	ns contributing	to death but	t not resultin	g in the	undariyinç	g cause gi	ven in Pert I.			tobacco uee co Yee 2 № No			4 Unknown
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/ita	ysician: The is certificate director, pag	Be	25. Was case referred to medical exeminer?							26. Place	of Death	(Check only o	na)			
of	Physician: this certific ral director,	ဥ	1 ☐ Yes 2 No		1 Inpatien		-		DUA				denca 6 🗆 Oti)	
	Attending P ir death. ector: After by the funer	27. Manner of Death 1 Natural 2 Accident 3 Suicide 4 Homicide 28a. Date of Injury (Month, Dey Year) 28b. Time of Injury M 28b. Time of Injury M 28b. Time of Injury M 28c. Injury at Work? 1 Yes 2 No 28b. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)										28d. Describe I	now Injury occu	rred		
Division	≥ Pige										2	28f. Location (Street and Number or Rural Route Number, City or Town, State)				Number,
	To the Hospital within 24 hours of the Funeral completely filled	edicai	29a. Certiflar (Check only one) 18 Certifyin 2 Medical	g Physician: To Examiner: On to and	tha best of he basis of e manner state	examination	lga, daa and/or ir	th occurre	d at the ti	ma, data and opinion, daati	place, a	and due to the	causa(s) and m data and piace,	anner as st	ated. tha cau	Jea(s)
	Withir To th comp	M	29b. Signature and title of cartified	^ ^	0 -			2	9c. Licen	se nu <i>m</i> ber			29d. Dete signe	ed (Month, L	Day, Ye	ar)
			James & Cl	hesley	y h	W III	1 /-	D-2	02	635	1		2/6/9	17		
			30. Namedland address of person James Chesley						Chev	erly,	Mars	nland				
	Sta		31. Date filed (Month, Day, Year)		32. Registra			PI	11		y	-CLICA	-			

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State of Maryland / Department of Health and Mental Hygiene

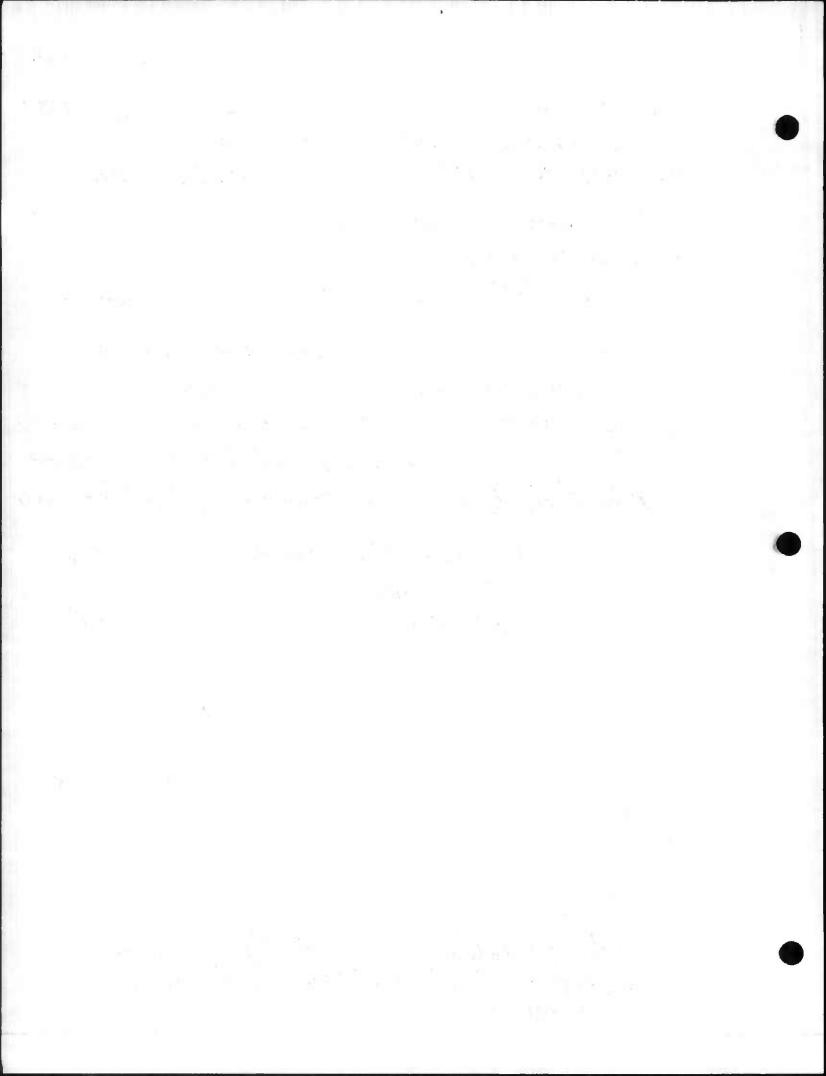
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			Certificate of Death		Reg. No.		0170
	Dhooisi		Decedent's Neme (First, Middle, Last)	2. Dete of Dea	ath Dev		Time of Death
	Physici /Medic		WILLIAM P HUFFER	ÆEB		997 11	:35 PM
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			UNIVERSITY OF MARYLAND MEDICAL CENTER BALTIMOR		NON		
	Funeral		1 M M 2 □ F	8. Date of Birt (Month, De)	y, Year)		(Stete or Foreign
ļ.,,	Director		218-38-5146 K 56	NOV. 1	3, 1940	_WASHIN	NGTON, DC
	yland Mow		10a. Stete 10b. County 10c. City, Town or Location			10d. i	inside City Limits
	Man	to	MARYLAND PRINCE GEORGE'S BRANDYWINE			1	I □ Yes 2X No
	x 28	Director	10e. Street and Number 10f. Zip Code		10g. Citizen of V	Whet Country?	
	th wi	a	12513 BRANDYWINE RD. 20613		UNITED	STATES	;
	r daa	Funeral	11. Meritel Stetus 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Sperif Yes, specify Cuban, Mexican, Puerto F	cify Yes or No-		e - American Inck, White, etc.	
20	or th	by Fu	1 Never Merried 2 Married 1 1 Yes 2 No 1962 1 Yes 2 M No Specify:		Specify		7
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Meryland I Health and Mentel Hygiene. Item 27 is marked other than "natural", or Items 23s or 28s-f show other traumatic event, ins Medical Exercipet must be notified at	d be	3 Widowed 4 Divorcad Yeer or Detes: 1966		10h Kind of D	WHITE	
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ш	E = 2 0 2		BENJAMIN M. MATTHEWS M-00658 P.O. BOX 156 WALDORF	MARY	LAND 20	604	
я			23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or shock, or heart feilure. List only one cause on each line.	r respiretory er	rest,	Inte	proximate prvel Between
	Physician					Ons	set and Deeth
1	/Medicai Examiner		Immediate Ceuse (Finei disease or condition resulting in death) END STAGE CHRONIC OBSTRU	CTIVE	PULMON		
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	The law requires that the death ce ate has been signed by the attendi paga 2 should be detached for uss	Physician/	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i.	23b. Dfd t	obacco usa co	ntributs to the	cause of death?
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o	aling Phys h. After this funeral d		27. Menner of Deeth 28e. Dete of Injury 28b. Time of 28c. Injury et 2		ow injury occur		
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	tospi t hou uner aly fill	edical	29e. Certifier (Check only (C	nd due to the	cause(s) and ma	nner es stated	Cause(s)
	To the Hospital or I within 24 hours after To the Funeral Direct completely filled in E	Med	end menner stated.				
	To vit		29b. Signeture end title of certifier 29c. License number		29d. Dete signe	1 (Month, Day,	Year)
	}		Attan Kasi'd Resident-Physician Pro206		FEB. 9	1199	7
			30. Name and address of parson who completed cause of death (Item 23e) (Type, Print)	0	1210	Lieba	0 . 41 .
	-01	. 11	ATTAN KASID, M.D. UNIVEYSITY OF M 31. Dete filed (Month, Dey, Year) 32. Registrar's Signature.	J Me	dical 5	ystem	Baltimis
	Sta Registr		ATTAN KASID, M.D. UNIVEYSITY OF M 31. Dete filed (Month, Dey, Year) FEB 1 2 1997 Java a Autobox Raving				

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		Certificate of D	Death	Reg. N	lo.	
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/Med Exam		4e. Facility Neme (If not institution, give street end number) 48	b. City, Town, or Loca		c. County of Deeth	
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Funera		5. Social Security Number 6. Sex 7. Age (In rs. lest birthday) If Under 1 Year				plece (Stete or Foreign
Directo		203 10 8899 17 M 20 F 7,5 Yrs. Months Deys	Hours Min.	Month Dey, Year	9 39	(2)
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72 hours after death with the Maryland netural; or items 23a or 28a-f show disal Examiner pount be not laid		10a. State 10b. County 10c. City, Town or Location				10d. Inside City Limits
the Marylar 28a-f show	ō	MD Canall Guestinist	· mal			1 ☐ Yes 2 ☐ No
i within 72 hours after death with the Maryla iena. 'than "netural", or items 23a or 28a-1 show The Modical Examiner must be not lind at	Director	10e. Street and Number 10f. Zip Code		10g, C	itizen of Whet Cou	ntry?
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eath re 2	Funerai	11. Marital Status 12. Wes Decedent Ever in U,S. 13. Wes Decedent of His			14. Rece - Ameri	can Indian
Herrie Herrie	15		n, Mexican, Puerto Ri	can, etc.)	Bleck, White,	
rs af	by	3 Widowed 4 Divorced Yeer or Detes: 143-1445 1 Yes 2 No	Specify:		Specify: / 1/	+ITE
"netural",	7	100.01.0000	Mion	106		
"ner"	Completed	15. Decedent's Education (Specify only highest grade completed) (Specify only highest grade completed) (Give kind of work done di life. DO NOT use retired)	luring most of working	7	Kind of Business/In	ndustry
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filed with Hygiena. ther than						6
8 4 5 V	Be		18. Mother's Name (i		n Sumeme)	
should be nd Mental marked o	2	HARRY WILLIAM HOKE		BAEK		
C1 60 00 00		19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street e		Route Number, City	or Town, Stete, Zip	o Code)
Health em 27			RSUCH	RD. Lits	IMWSTE	18, MD 21157
00-		20e. Method of Disposition 1 ☐ Burial 2 ② Cremetion 3 ☐ Removel from State 20b. Place of Disposition (Neme of cemetery, cremetory or other place)	B) F	Date 20c. 1	Location - City or To	own, Stete
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		230 Part 1 Enter the disease or compliantions the disease the death. Do not only the mode of this	COLINI	WE	SIMINSI	36, MO 2115
		23e. Peril. Enter the disease, or complications that raused the death. Do not enter the mode of dying shock, or heart feilure. List only one cause or each line.	J, such es cardiec or r	respiretory errest,	\$	Approximete Intervel Between Onset end Deeth
Physician /Medical		111				Oriset end Deeth
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oding I ith. : After e fune	읈		res 2 □ No			
or Attending aftar death. Director: After d in by the fune	Certification:	3 Suicide 6 Could not be 28e. Pleca of Injury - At home, farm, street, factory, office	28	f. Location (Street e	and Number or Run	al Route Number,
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To the Hospital or within 24 hours afte To the Funeral Dir completely filled in		29e. Certifier Certifying Physicien: To the best of my knowledge, deeth occurred at the time	a data and place an	d due to the source	n) and manner as a	atotod
Hod Pun Plank	edical	(Check only one) 2 Medical Examiner: On the besis of examinetion end/or investigetion, in my opi end menner stated.	inlon, deeth occurred	et the time, dete er	nd place, end due t	o the ceuse(s)
thin the	Me	29b. Signeture and title of certifier	number	29d D	ete signed (Mogth,	Day Vaer)
F ¥ F 8		11.1	Dewy	250. D	oto sigliga (Mogari,	Doy, reary
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		30. Name end ego ess of person who completed cause of death (Item 28e) (Type, Print)	1. 0.	1101		
		0 (88 para from weeping	men n	MOH	117	
Şt	ate	31. Dete filed (Month, Day, Year) 32. Mag/strar's Signeture			-	
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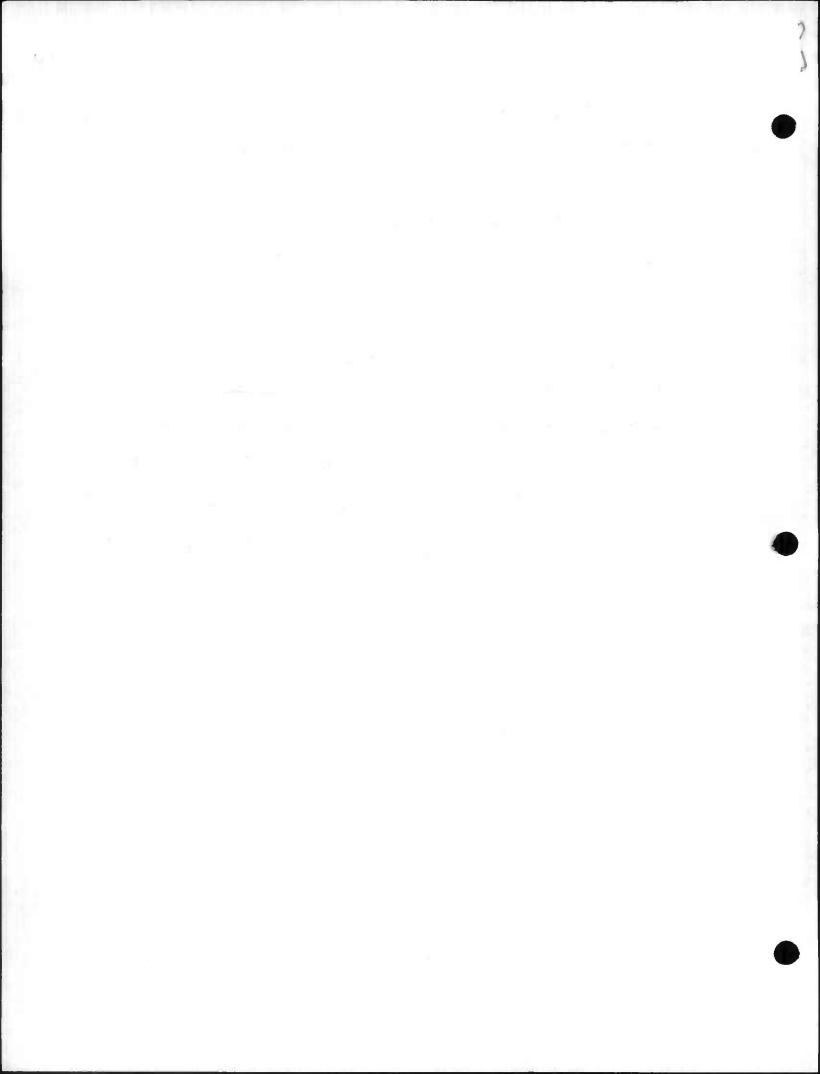


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Amended item #18 per F.D. State of Maryland / Department of Health and Mental Hygiene 2/7/97 Carroll Co. p.l.c. Certificate of Death 1, Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** Month Yeer Gilbert Edward Hariq 30, 1997 /Medical January . 8:15am 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 1815 Fawn Way Finksburg Carroll County

9. Birthplece (State or Foreign Country) Dete of Birth (Month, Dey, Year)
Dec. 20, 1912 Maryland if Under 1 Year 7. Age (In yrs. last birthdey) **Funeral** Deys 1 M 2□ F Months Hours Yrs. 215-05-6108 84 **Director** Usual Residence of Decedent the Manyland 10e. Stete 10b. County 10c. City, Town or Location worle 10d. Inside City Limits 7 ie merked other than "natural", or items 23a or 28a-f ehov traumatic event, tre Medical Examiner must be notified at 1 ☐ Yes 2 ☐ No Director Carroll County Finksburg 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 1815 Fawn Way Funeral 21048 U.S.A. Was Decedent Ever In U.S. Armed Forces? Race - American Indien, Bleck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) filed within 72 hours after 1 Never Married 2 Married Yes 2 No f Yes, Give Year or Detes: Maryland 21215-0020 1 ☐ Yes 2 No þ Specify: White 3 Widowed 4 Divorced natural Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work dane during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) 10 Dispatcher Trucking Company permit. Pages 1 and 2 should be file Department of Health and Mantal Hy Important: If them 27 is marked oths any Injury or other traumatic event. 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be Willetta Clarence Edward Harig Wihelmena Caldwell 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mrs. Katharine May Harrig (Wife) 1815 Fawn Way Finksburg, MD 21048 Baltimore, 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetery or other place) 20c. Location - City or Town, Stete 1 ☐ Burlel 2 X Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Carroll Cremation Serv. 2/2/97 Hampstead, MD 21. Signeture of Funeral Service Line 22. Name and Address of Fecility HAIGHT FUNERAL HOME & CHAPEL (Box 195) Sykesville, MD 21784 (410)-795-1400 shock, or heart feilure. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finei disease or condition resulting in deeth) **Examiner** Physician/Medical Examiner Attending Physician: The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest pue Due to (or es e consequence of) Box 68760, physician Due to (or es e consequence of) 98 950 Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? certificate 1 Yes 20 N 1 ☐ Yes 2 ☐ No funeral director, Be 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) Hospitel: 1 Yes 2 No Other: 4 Nursing Home 5 Hesidence 6 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 27. Menner of Death 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After 5 Pending investigation Naturei s after death. 1 Yes 2 No 2 Accident tha 8 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Piece of Injury - At home, ferm, street, factory, office building, etc. (Specify) filled in by 4 Homicide 5 24 hours Certifying Physician: To the best of my knowledge, death occurred et the time, date end piece, end due to the ceuse(s) and menner as stated.

Medical Examiner: On the basis of exemination end/or investigetion, in my opinion, deeth occurred et the time, date and piece, end due to the cause(s) end menner steted. 29a. Certifier Medical one) within 2 To the 29b. Sign 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Ro WESTMINSTER, MI) CHITRACHEDU NAG ANNA 700 TOOLE 31. Dete filed (Month, Day, Year) FEB 0 7 State Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

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								Cer	tificate	Of	Death			Reg. No.		
	Physic	ian	1. Decedent's Neme (First, Elizabeth	Middle, La	ina Hi	ggir	ns						2. Dete of D	ar y ^{ee} 5	1 9 9 7	3. Tima of Death 12:20 PM
	/Medi Exami		4a. Facility Name (If not ins										ocation of Dee		y of Death TOIL	12.20111
			2115 Mayb								West					
	Funeral Director		5. Social Security Number 216-30-813 Usuel Rasidanca of Deced		Sax 1□M 2KCXF	7. Aga 62	(In yrs. last I	Yrs.	If Under 1	Yaar Days	If Undar Hours	Min,	8. Dete of B (Month, B Aug	irth Pey, Year) 1 1934	9. Birthp Cour Mar	placa (Stata or Foreign htry) Yland
	Marylend H ahow	tor	10a. Stata 10b. 0		1		10c. City, To West								1	10d. Inside City Limits
	or 28s	Oirec	10e. Street and Number						10f. Zip C					10g. Citizen of	What Cour	ntry?
	23a	ral	2115 Maybe	rry					211					U.S.A.		
020	2 should be filed within 72 hours after death with the Maryland and Mental Hygiene. Is marked other than "natural", or items 23a or 28e-f ahow aumatic event, the Medical Examiner must be notified at	by Funeral Director	11. Marital Status 1 Never Merried 2 3 Widowed 4 Div		12. Wes De Armed F 1 Yas If Yes, G Yeer or	Forces? 2 No live			Yes Deceder Yas, specify				ecify Yas or N Rican, atc.)		ce - Americ ck, White, fy: Cau	
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Man	-		19e. Informent'e Name/Re						-					ber, City or Town		
_	Heall Heall ther		James Hag 20a. Method of Disposition	erty	,	5	20h Plece	of Disnos	sition /Neme	of		oaa.	, west	20c. Location		D 21158
Baltimore,	Pages nert of nr: If its iry or o		1⊠ Buriai 2 □ Crem 4 □ Donetion 5 □ Ot			n Stata	cemai	tary, crem	eph's	er ple		ery				MD 21787
alti	permit. Pages Department of Important: If it any injury or o		21. Signeture of Funerel Sa	. ,	••			22	. Name and	Addre	ess of Facili	y Sl	ciles	Funera	1 Ho	me
m 	82588		& Kein Sto	les				1	36 Ea	st	Bal	timo	ore St	., Tan	eyto	wn, MD
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	Examiner		disease or condition resulting in deeth)		0	ua to (or as	a conseq	pence of):	10				/	-	Zwh Zwh	
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Ξ,	page page												1 🗆	Yas 2 No	1[Yes 2□ No
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ō	or this	n: To	1 ☐ Yes 2 ☐ No 27. Mannar of Deeth		28a. Data	Inpatient of Injury	28b	. Tima of		. Inju	4 LI NI			sidence 6 00t how injury occu	-	r)
SION	enaing rin eath. for: After th the funeral	atio	2 ☐ Accidant	anding vestigetion	n	nth, Day 1	Year)	injury	М		nk?]Yes 2□	No				
DIVISION	or attending Priyatotan: after death. Director: After this certific d in by the funeral director,	Certification:		could not b letermined	28e. Piec	e of injury ding, etc.	y - At home, (Specify)	ferm, stre	et, factory, o	office			28f. Location City or To	(Street and Num own, Steta)	ber or Rura	al Routa Number,
	vithin 24 hours after de To the Funeral Directo completely filled in by th	edical C	29a. Certifier (Check only one) Ce	rtifying Ph dical Exam	ntner: On the I	e best of a basis of a nner stete	xaminetion a	ge, deeth and/or inv	occurred et e estigetion, in	tha tii	ma, dete an opinion, dea	d plece, th occurr	end due to the	e ceuse(s) end m	anner es s , and dua to	tated. the cause(s)
1	To the comp	×	29b. Signature end title of d	ertifier			Arr		29c. L	icans	sa number			29d. Date sign	ed (Month,	Day, Year)
			dely	nll	i, 1	M.	D		L	1	1102	35		2/6/9	7	
			30. Name and eddress of p Choon Kyu	Kim,	210) Wa	shing	jton	Print) Heig	ht	s Me	dic	al Cer	nter,We	stmi	nster,MD
	Sta Registi	_	31. Dete filed (Month, Day, FEB		97 Ju	Ragistrar's	s Signature	Corball	C							

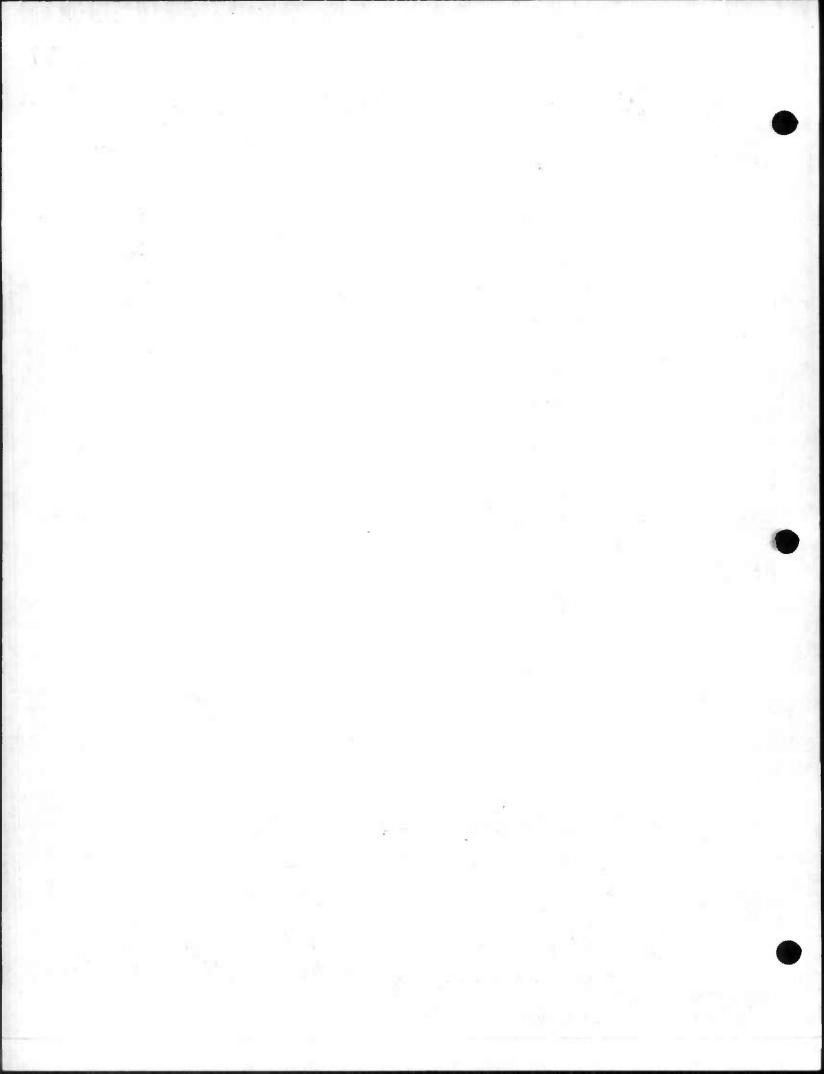
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Month 1661 /Medical 4a. Facility Nama (If not institution, giva straet and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner | We stymins to |
| H Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) Carroll County General Hospital Carrell 6. Sex 1 M 2 □ F Birthplace (Stata or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Yrs. Director 216-10-4058 84 Feb. 2, 1913 Maryland Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 7 is marked other than "naturel", or items 23a or 28a-f show traumatic event, tra Medical Examiner must be notified at 10d. Inside City Limits MD Director Carroll 1 ☐ Yes 2 🕱 No Finksburg 10e. Street and Number 10f. Zip Code 10a. Citizen of What Country? 1803 Miller Drive 21048 United States death Funeral 12. Was Decedent Evar in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Raca - American Indian, Black, White, etc. permit. Peges 1 and 2 should be filed within 72 hours after t Department of Health and Mental Hygiene. Introductant: If them 27 is marked other than "natural", or flen any injury or other traumatic avant 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Navar Married 200 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade complated) 16b, Kind of Business/Industry College (1-4or 5+) Elamantary/Secondary (0-12) 12 ship builder ship yard 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Maidan Sumame) Be 10 Frederick W. Harden Elsie Lucas

19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Coda) 19a. Informant's Name/Relationship (Type, Print) Helen Harden, wife 1803 Miller Drive, Finksburg, MD 21048 20b. Placa of Disposition (Name of cometery, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata Data 02/05/97 1 Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) Lakeview Memorial Gardens Eldersburg, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Pritts Funeral Home & Chapel 412 Washington Rd., Westminster, MD 21157 alserine Pretto - sweeter 23a. Part1. Enter the disease, or complications that causad the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death Physician /Medical Immediate Cause (Final disease or condition resulting in death) Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disaase or Injury that initiated events resulting in death) Last pue Due to (or as a consequence of): P.O. Box 68760, physician Physician/Medical the Due to (or as a consequence of): 88 attending for use as use signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 10 No 2 No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings svailable prior to completion of causa of death? Completed 24a. Was an autopsy performed? page 2 s has 2 No 1 Yes 1 ☐ Yes 2 ☐ No certificata Division of Vital Hospital or Attending Physician: director Be 25. Was case referred to medical axaminer? 26. Place of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 Unpatient 2 ER/Outpatient 3 DOA this funeral 27. Manglar of Death Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? After Neturel 2 Accident 5 Pending invastigation I hours after daath. unersi Director: A siy filled in by the fr daath. 1 ☐ Yes 2 ☐ No 3 Suicide 6 Could not be determined 28a. Place of Injury - At homa, farm, street, factory, office bullding, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 I Homicida within 24 hours a To the Funeral C completely filled Certifying Physician: To the best of my knowladga, daath occurred at the tima, date end place, end dua to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifian edical To the 29b. Signature and title of pertities 29c. Licansa numbar 29d. Date signed (Month, Day, Year) washington the Westminter ND 2115 30. Name and address of person who complated cause of death (Item 23a) (Type, Print) . RAJPARA, MD. 217 32. Registrar's Signature 31. Date filed (Month, Day, Year) State Min Davideor Revell

DHMH 16 Rev 6/95

Registrar



				State of Ma	aryland		ment of H	lealth and I Death		jiene 9	7	05178		
			1. Decedent's Neme (First, Middle, Las	1)					2. Date of Dee	th		3. Time of Deeth		
	Physici /Medi Examir	cal	Ernest 4e. Facility Name (If not institution, give	W.		ŀ	lammon	d 4b. City, Town, or I	Januar Location of Death	y 29,]		0912		
1	LAGIIII	iei	Memorial Hosp:	ital				Eas	ton		bot			
	Funeral Director		5. Social Security Number 6. Se 221–09–3444		e (In yrs. las		f Under 1 Year Months Deys	If Under 24 Hrs. Hours Min.				elace (Stete or Foreign etry) Ware		
Merviend	-I show	tor	Usuel Residence of Decedent 10e. Stete 10b. County MD Carolia	ne		Town or Locat	ion				1	0d. Inside City Limits 1 ☐ Yes 2 🎇 No		
th with the	23a or 28a ast be not	Funeral Director	10e. Street end Number 280 Camp Road				10f. Zip Code 21629	B	1	USA	Vhat Cour	ntry?		
5-0020 72 hours effer death with the Meryland	"natural", or Nems 23a or 28a-1 show solds! Examiner must be notified at	by	11. Maritel Stetus 1 Never Merried 2 Merried 3 MWidowed 4 Divorced	12. Was Decedent Armed Forces? 1 Yes 2 2 If Yes, Give Yeer or Dates:			s Decedent of I- es, specify Cub Yes 2 No	dispenic Origin? (S an, Mexican, Puert Specify:	pecify Yes or No- o Rican, etc.)		e - Americ k, White, : Whit			
21215-0020 d within 72 hours ef	ntal Hygiene. Id other than "nature event, the Medical	Completed	15. Decedent's Edu (Specify only highest grad Eiementery/Secondery (0-12)		5+)			eation during most of world)	king	16b. Kind of Bu		dustry		
and all	ntal Hygier od other th event, the	Be	Unknown 17. Father's Neme (First, Middle, Last)			Truck	Driver	18. Mother's Ner	ne (First, Middle,	Truckii Meiden Suman	_			
aryle should	marked marked	2	Unknown 19e. tnforment's Neme/Reletionship (T)	una Print)		10h Mailing	Addrage (Street	Annie V		Number, City or Town, State, Zip Code)				
Ma Mass	9 6 9		-	Friend				; Felton			31616, ZIP	(0000)		
	permit. Peges 1 end 2 should Department of Health end Mer Important: if item 27 is marke any injury or other traumatic pace.		20e. Method of Disposition	TICIU	20b. Piec	ca of Dispositi	on (Neme of		Dete	19943 20c. Location - City or Town, Stat				
Baltimore,			1 ∑Burial 2 ☐ Cremetion 3 ☐ 6 4 ☐ Donetion 5 ☐ Other (Specify)				ory or other ple Cemete		,	Harring	ton,	DE		
Bail Permit.	Depart Import any inj once.		21. Signature of Funeral Service Licens	Mel	mai	MC.	ame and Addre Knatt F Commer	uneral Hoce St.; I	ome, Inc. Harringto	on, DE	1995	52		
	nysician Medical		23a. Pert1. Enter the disease, or comp shock, or heert feilure. List only o	licetions thet caused ne ceuse on eech lii	i the death. ne.	Do not enter t	he mode of dyli	ng, such es cardiec	or respiretory are	rest,		Approximate Interval Between Onset and Death		
2.0	xaminer	Jer	disease or condition resulting in deeth)	e. Preummla Due to (or as a consequenca of): COPD								vears		
58/50, ricete be executed	physician and the burial-trsnsit	dical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	с	nce of):			Yessis						
BOX Wath cert	attending phy d for use as th	Physician/Med	Part II. Other significant conditions co	d	ut not resulti	ing in the unde	rdvina cause air	ven in Pert I	23b Did to	phacen use co	ntributa to	o the causs of death?		
J. Pet Pet J. S. C	gned by th be datache	by Phys	Coronary arter				,,,,,			′ss 2□ No		. 1		
\$ 6	s been s 2 should	Completed							24a. Wes e perfor		av co	ere autopsy findings allable prior to mpletion of cause death?		
= F	pa								1 🗆 Y	es 2 No	1[Yes 200 No		
O Of Vital	w 0	n: To Be	25. Wes case referred to medical examiner? 1 Yes 2 No 27. Menper of Death 1 Neturel 5 Pending	Hospital: 1 Inpatie	ry 2	P/Outpetient 8b. Time of Injury	3 DOA Ott	ner: 4 Nursing H	Deeth (Check only one) g Home 5 ☐ Residence 6 ☐ Other (Specify) 28d. Describe how injury occurred			y)		
UIVISION or Attending	ifter deat	Certification:	Accident Investigation 3 Suicide 6 Could not be determined	28e. Pleca of Injuding, etc		e, ferm, street		Yes 2 □ No	28f. Location (Street and Number or Rural Route Number, City or Town, State)					
Ne Mospital	within 24 hours a To the Funeral C	edical C										tated. o the cause(s)		
Tothe	To th comp	end menner steted. 29b. Signature and little of certifier 29c. License number 047311								29d. Date signed (Mopth, Day, Year)				
			30. Neme and eddress of person who co	ompleted cause of d	eath (Item 2	3e) (Type, Pri	nt)							

State Registrar

31. Date filed (Month, Day, Year)

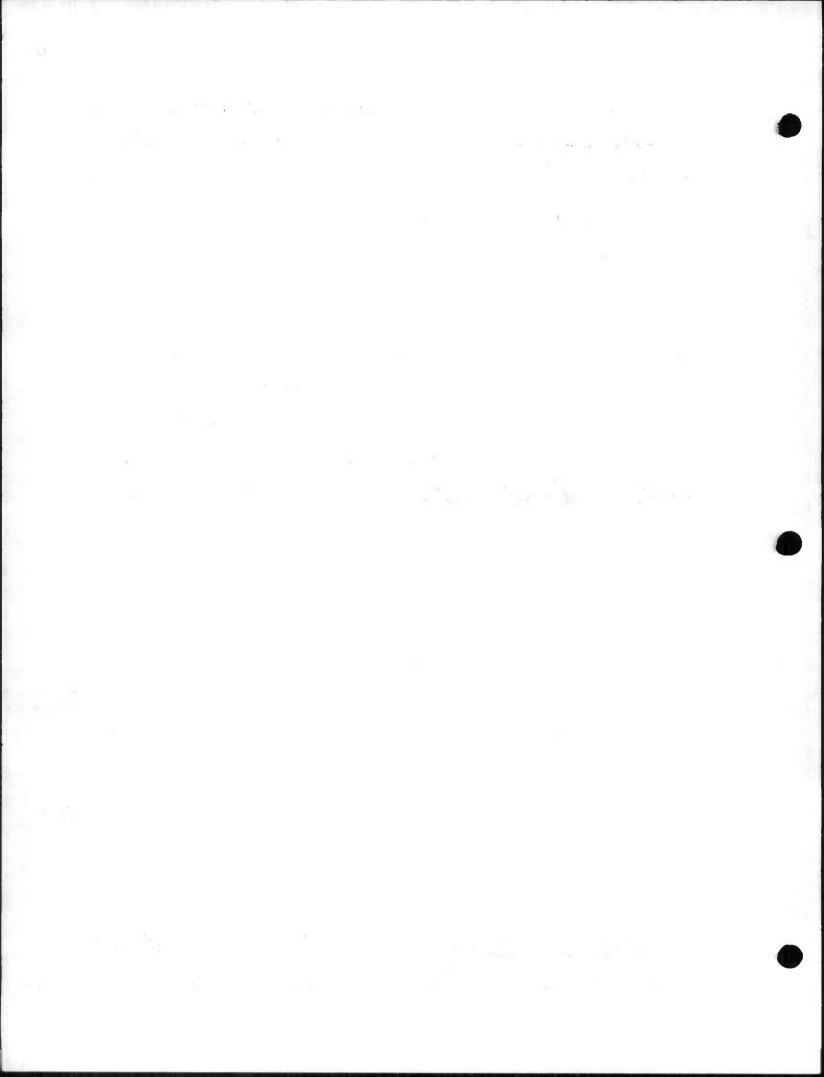
JAN 30 '97

Suzanne Niemela, MD

32. Registrer's Signature Via Lavidson-Bandale

606 Dutchmans Lane; Easton, MD 21601

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State of Maryland / Department of Health and Mental Hygiene

					Otate of I	viaiyiai		ertificate of	Death	nomai i i	Reg. No.	1 6	051/9
	Physic /Medi	cal		ISCA			116	RNAND		2. Date of De Month	Day	Year	3. Time of Deeth
	Exami Funeral Director	ner	4e. Fedility Name (If not li WASHINGTON 5. Social Security Numbe 218-29-382	ADVEN'	TIST HOS	PITAL	last birthda 37 Yrs.	y) If Under 1 Year Months Deys			MONTO	OMER	Y place (State or Foreign ntry) ALVADOR
	aryland show		Usual Residence of Dece 10a. Stete 10b.	dent County		10c. Ci	ty, Town or	Location					10d. Inside City Limits
	the Maryla 28a-f shorn notified	ector	MD MO	NTGOME	RY	TAK	DMA PA						1 Yes 2 No
	th with 23a or	al Dir	8709 GILBER	r Place	E #1			10f. Zip Code 20912			10g. Citizen of EL SALV		
020	within 72 hours after death with the Maryland ane. "Itan 'natural," or items 23a or 28a-f show the Medical Examinar must be inclined at	by Funeral Director	11. Marilal Stelus 1 Never Married 2 3 Widowed 4 D		12. Was Decede Armed Force 1 Yes 2 It Yes, Give Year or Date	s? No	J,S. 13	Was Decedent of in the state of the left Yes, specify Cub. 1X Yes 2 No.	Hispanic Origin? (Spoan, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)		ck, White,	can Indien, etc. PANIC
21215-0020	n 72 ho natur	Completed	(Specify on	ecadent's Edu y highest grad	le completed)		(Gi	edent's Usual Occup re kind of work done DO NOT use retire	during most of work	ing	16b. Kind ot 8	usiness/In	dustry
	77 75 1- 1-	Comp	Elementery/Secondary 8TH		College (1-4c	r 5+)		LEANERS C	PERATOR		SELF EM		ED
Maryland	d ia o	Be	17. Father's Name (First, ISRAEL GERR)						18. Mother's Nam			ne)	
lary	2 should be end Mentalis marked aumatic ex	To	19a. Intormant's Name/R	elationship (T	ype, Print)		19b. Me	iling Address (Stree				, Stete, Zip	Code)
Baltimore, M	ges 1 end of the sith it it item 27 or other tr		TOPANY CORPORA										own, State
Balti	permit. Pege Department of Important: If any Injury or once.		21. Signature of Funeral S	-		276		22 Name and Addre W.H. BACO	ass of Facility DN FUNERAL I STREET, N	HOME I	INC.		
	JUNE SE		23a. Part1. Enler the disc shock, or heart tailu	ese or complete. List only o	lications thel caus			nter the mode of dyl	ing, such as cerdiac	or respiratory a	rrest,	2001	Approximate Interval Between
	Physician /Medical Examiner		Immediate Cause (Final diseese or condition resulting In death)	1	Se.	Phic	S	noc 2					3 Days
Box 68760,	to certificate be executed and inding physician and use as the burial-transit	n/Medical Examiner	Sequentially list condition if any, leading to immedia ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	-	b. Mul c	Due to (c	Jag	Pheu	(meni'e				
P.O. B	es thet the death cer igned by the attendir be detached for use	Physician/N	Part II. Other eignificant o	onditions cor	ntributing to death	but not res	ulting In the	underlying ceuse gi	ven in Part I.		tobacco use co		o the cause of death?
Records,	requir seen s hould	Completed by								24e. Was	an autopsy ormed?	av	ere autopsy findings alieble prior to impletion of cause death?
	sician: The law certificate hes b lirector, page 2 s									1 🔯	Yes 2□ No	10	□Yes 212 No
of Vital	Physician: this certific	To Be	25. Was cese referred to examiner? 1 Yes 2 No		lospital:	linut 0	ED/Outroti	ent 3 DOA Oth	26. Place of Deet				
ion of	Jing Phy h. After this funerel c		27. Manner of Deeth	Pending investigation	28a. Dete of Injury (Month, Day Year) 28b. Time ot Injury Work? 28d. Describe how injury occurred Work?								v)
Division	を共一	building, etc. (Specify)									Street and Numb wn, Stete)	er or Rura	al Route Number,
	To the Hospital or within 24 hours efter to the Funeral Direction of th	Medical	29a. Certifier (Check only one)	ertifying Phys edical Examin	niclan: To the bes ner: On the basis and manner:	ot examina	wledge, dee tion and/or I	th occurred at the tin nvastigetion, in my o	me, dete and place, opinion, death occurr	and due to the ed at the time,	cause(s) and ma date and pieca,	anner as si and due to	leted. the ceuse(s)
	To		29b. Signature and little of	0	ee Si	4h	MD		use number		29d. Date signe	d (Month,	
	(4)		30. Name and address of p	1,10	selluill.	e R	de	Bowi	e MD	20	716		
	Sta Registr	-	31. Date tiled (Month, Dey	4000	32. Regis	trar's Signa	Rock						

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						Cer	tificate o	f Death		Reg.	No.		
- 11.		1. Decedent's Name (F	irst, Middla, La	st)						of Daath			3. Tima of Daath
Physi		I. Elizabe	≥th			Hut	chins		Mont		Day	Yeer	F 05 434
/Med Exam		4e. Facility Nema (If no		a streat end nur	n <i>ber</i>)	nuc	CILLIIS	4b. City, Town	Janu n, or Location of	Daeth	30 19 4c. County	of Death	5:25 AM
Exuii		Frederick	Memori	al Hoen	ital			Freder	ick		Fred	erick	
Funera	1	5. Social Security Numb	ber 6. S	Sex	7. Aga (In yrs.	last birthday)	If Under 1 Ye	ar If Under 24	Hrs. 8. Data	of Birth			ce (Stata or Foraig
Directo		180-12-73 Usual Rasidance of Da	3/	I□M 21 F	78	Yrs.	Months Day	s Hours	Min. (Mont	h, Day, Ye	1919	Mary 1	and
fand mow		-	b. County		10c. Cit	y, Town or Lo	ation					100	d. Insida City Limits
Marylan 4 show	ō	MD P	rince C	eorge's	M-i+	chellv	1110						1 ☐ Yas 2 ☑ No
tha 288	Director	10e. Street and Numbe		eorge 3	FIL	CHETTA	10f. Zip Code	1		10a	Citizen of V	What Country	**
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eath	era	11. Marital Status	rprise		idant Evar in U	S 12 V			2 (Specify Vec		S.A.	e - Amaricar	Indian
n 72 hours efter death with the Maryland "neturel", or items 23a or 28a-f show soldel Examiner must be notified at	by Funeral	1 Navar Married		Armed Fo	rcas? 2∭ No ⁄a		Yas, specify C		n? (Specify Yas Puarto Rican, ato	DI 140-		k, Whita, at	c.
2 hou		15.	Decedent's Ed	ducation		16a. Deced	ent's Usual Occ	upation		165	. Kind of Bu	isinass/Indu	strv
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filed within Hygiene. ther than "r	E	Elementery/Seconde	ry (0-12)	Cotlege (1	-40r 5+)	Homem	aker			Ow	n Home	2	
be filed tel Hygid d other avent, D	BeC	17. Fether's Nama (Firs	t, Middla, Last)			110111011		18. Mothar's	Nama (First, M	-			
0 0 0	To B	Joseph Ma	rion Ha	rris				Lilli	an Davis	3			
d 2 should be th and Mentel 7 is marked or traumatic ave	-	19a. Informant's Name				19b. Mailin	n Address (Stra		or Rural Routa		tv or Town	Stata Zin C	2oda)
d 2 th a		Thomas M.			ahand								
permit. Pagas 1 and 2 Department of Health s Important: If item 27 is		20a. Mathod of Disposit	tion		20b. F	Pleca of Dispos	sition (Name of atory or other p		Data		LILLE,		Land 2072 n, State
t. Partant		4 Donation 5		·	St.		s Church		02/01/	97 Up	per M	arlbo	ro, MD
Depa Impor		21. Signeture of Funare	el Sarvice Licar	nsaa		22 F	Nama and Add	Gasch's	Sons Fu	mera	1 Home	P. A	4.
2020	*	W.B	. Co	410.					Avenue,				
ifficeta be axecuted g physician end est the burial-transit	Examiner	disassa or condition rasulting In death) Sequentially list condition if any, leading to immacausa. Enter Underlying	ons,	a. Me	Dua to (c	or as a consequence as a consequence	uence of):	1400	DUS			-noi	23/24
eath cartificeta be axecuted attending physician end for usa es the bunal-transit	Medical	Cause (Disease or Influry that initiated events resulting in death) Last Due to (or as e consequence of): d											
the atter	200	Part II. Other significan	t conditions o	ontributing to de	ath but not ras	ulting in the ur	darlying causa	givan In Part I.	23b.	Did tobac	co usa cor	tributa to t	he causa of death
± ≥ %	by Phy	Popul	mon	759						1 🗆 Yes	2□ No	Proba	bly 4 Unknow
aw requir ss been s 2 should	Completed b	Emp.	h45	ems					24a.	Was an a parformad		avall	a eutopsy findings ebla prior to plation of cause eeth?
w _ C	0									1 Yas	20 No	10	Yas 2□ No
	0	25. Wes casa rafarred t	to medical					26. Placa o	f Death (Check	only ona)			
Physician: this certific ral director,	0	axaminer? 1 ☐ Yes 2 No		Hospitel:	apatient 2	ER/Outpetien	3□ DOA	Othar: 4 Nurs	ing Home 5	Residence	e 6 □Otha	ar (Specify)	
Jing After funa	ation: T	27. Mannar of Deeth Natural 5 2 Accident	☐ Panding invastigation	28a. Data (Mont	28a. Data of Injury (Month, Day Year) 28b. Tima of tnjury 28c. Injury at Work? 1 Yas 2 No						njury occurr		
al or Attend s eftar death il Director: A	Certification:		Could not be datarmined	arm, streat, factory, offica 28f. Location (Streat and Number or Rural Route Number, City or Town, State)									
no the Hospital or Att within 24 hours efter of to the Funeral Direct completely filled in by	edical (29a. Cartifiar (Check only one)	Certifying Ph Medical Exam	ysician: To tha niner: On tha ba end menr	isis of axamina	wledge, death tion and/or inv	occurred et tha astigation, in my	time, deta end opinion, daath	placa, and dua to occurred at tha	tha causi tima, data	a(s) and ma and placa, a	nnar as stat and dua to th	ed. ha causa(s)
o the o the	Σ	29b. Signatura and titla	of certifiar				29c. Lice	nse number		29da	Date signed	(Month, De	ey, Year)
-	V	1 Wie	leign	n Os	m	Kej?	2) I	143	73	1	307	77	

State Registrar

31. Data filed (Month, Day, Year)

FEB 05 1997

30. Nema and address of person who complated cause of death (ttem 23e) (Type, Print)

DHMH 16 Rav 6/95

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State of Maryland / Department of Health and Mental Hygiene Q7 05 181

					,	Cer	tificate d	of Death		Reg. No.	1	03101
	5 1		1. Decedent's Name (First, Mid	die, Last)					2. Date of D Month	eath	Van	3. Time of Death
	Physici /Medic		John	Michael			Henry		Januar	y 31,	1997	11:441 m
	Examir		4a. Facility Name (If not instituti	on, give street and numb	er)			4b. City, Town, or	Location of Dea	th 4c. County	of Death	1
1			Prince George	's General	Hospit	al		Cheverly		Princ	e Ge	orge's
Г	Funeral		5. Social Security Number		Age (In yrs. las		If Under 1 Yo Months Da	ear If Under 24 Hr		rth av. Year)	9. Birth	pleca (State or Foreign ntry)
	Director		212-64-7992	121M 2LIF	45	Yrs.			Aug. 2	5,1951	Wash	ington D.C
	D 3		Usual Residence of Decedent 10a. State 10b. Coun	v	10c. City, 7	Town or Lo	cation					10d. Insida City Limits
	Aaryle f sho	5										1 XYas 2 No
	the the	Director	Maryland Princ	e George s	Hyatt	SVIII	10f. Zip Coo	do		10g. Citizen of	Albat Cau	•••
	with a second	ā									Wilat Cou	nuy?
	900th	Funeral	5106 77nd 11. Marital Status	Avenue	nt Ever in IIS	13 \	20784		Specify Vee or N	U.S.A.	a - Amari	can Indian.
_	Har d	F	1 Never Married 2 Ma	Armed Force	s?	11	Yas, specify (of Hispanic Origin? (Cuban, Maxican, Pue	rto Rican, atc.)		ck, Whita,	etc.
Maryland 21215-0020	d 2 should be filed within 72 hours efter deeth with the Maryland thend Mental Hygiene. T is marked other than "natural", or Nems 23s or 28±f show traumatic event, the Modical Examine mant be not led a	þ	3 □ Widowed 4 ☑ Divorce	14 V Oh	_	1	☐ Yes 2💢	No Specify:		Specif	v: Wh:	ite
9	2 hou	Completed	15. Decede	nt's Education		I6a. Deced	lent's Usual Oc	ccupation		16b. Kind of B	usiness/in	dustry
215	hin 7	pie	(Specify only high Elementary/Secondary (0-12)	est grade completed) College (1-4)	or 54)	(Give	kind of work do DO NOT use re	ecupation one during most of wo stired)	orking			
21	filed withit Hygiene. ott, me Me	E O	7	oonogo (1 4		Mecha	anic			Self-Er	nploy	ed
pu	tal Hy d othe	Be (17. Father's Name (First, Middle	o, Last)				18. Mother'a Na	me (First, Middle	a, Ma <i>id</i> en Suman	ne)	
Va	2 should be end Mental a marked o	To	Walter Ray He	enry				Cather	ine Uno	ka Heri	n	
an	2 sho end la me la me		19e. Informant's Name/Relation	ishlp (Type, Print)		19b. Mailin	g Address (St	reet and Number or F	tura <i>l Rou</i> te Numi	ber, City or Town,	State, Zip	Code)
	1 and 2 Heelth em 27 I		Melanie Henry	- Daughte				Place #10	1 River	dale,Md	. 207	37
ore	of Hear		20a. Method of Disposition 1 🛱 Burial 2 ☐ Cremation	2 CD	20b. Plac	e of Dispos	sition (Name o	f place)	Date	20c. Location	City or To	own, State
Ĕ	Peg nent ant: h		4 Donation 5 Other	Specify)	le		coln Ce		2/5/97	Brentwo	ood,M	[aryland
Baltimore,	permit. Peges 1 and Department of Heelt Important: If Item 21 any Injury or other once.		21. Signature of Funeral Sarvio	Licensea		22	. Nama and Ad	ddrass of Facility	Thus	1 17	. D	A .
m	82558		Con den	Gard- 1	valer			Gasch's S timore Av				id. 20781
-			23a. Part1. Entar the disease, shock, or heert failure. Lit	or complications that caus	sed the death.							Approximate Interval Between
ı	Physician		Shock, or need failure. Lis	or only one cause on each	THITIE.							Onset and Death
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	icate be executed physician and s the buriel-transit	Examiner	Sequentially list conditions,	6.	Due to (or as	s e conseq	uence of):					
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Ö	that the danger that the a detached f	ysic	Part II. Other significant condit	ions contributing to death	but not resultir	ng in the ur	derlying cause	given in Part I.	23b. Dtd	tobecco use co	ntribute t	o the cause of death?
٥.	that the ed by detac								1□	Yes 2 No	3 Pro	bably 410 Unknown
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Or	neen	Completed							24a. Wa: perf	s an autopsy ormed?	av	ere autopsy findings vallable prior to empletion of cause
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Division	or Atten eftar deet Director:	Ħ	4 Homicide deter	mined 289. Place of building,	Injury - At home etc. <i>(Specify)</i>	, tarm, stre	et, ractory, on	ICO		own, State)	er or mun	al Route Number,
Ш	Hospital 94 hours e Funeral (tely filled	O	200 Codifies (Codifie	as Obviolate Table has								
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	Sta	to	31. Date filed (Month, Day, Year	1VI - 1 32. Regi	strar's Signature	orge.	וןנטון נ	WIII (M	W4 17	11/1	20/	<i>y y</i>
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** 1997 6:35 AM Claude Everett Harris January /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Prince Georges Doctors Community Hospital Lanham 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Dev. Year) Birthplace (State or Foreign Country) **Funeral** 121M 2□ F Months Days Hours Min. Yrs. Director 219-05-6424 75 Nov. 30, 1921 Bladensburg, MD Usual Residence of Decedent the Maryland 10a State 10b Counts 10c. City, Town or Location 10d. inside City Limita item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be nothined at 1 XYes 2 No Director P G Maryland Landover 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 7735 Merrick Lane 20785 United States death 12. Was Decedent Ever in U,S. Armed Forcas? 1 ⊠ Yes 2 □ No 2/17/43 If Yes, Giva Year or Dates: 4/5/46 Was Decedent of Hispanic Origin? (Specify Yea or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 11. Marital Status pemit. Peges 1 and 2 should be filed within 72 hours aftar t Department of Haalth and Mental Hygiane. Importent: If Item 27 is marked other than "natural", or ther any injury or other traumatic event, the Medical Exercises 1 ☐ Never Married 2 ☑ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced African American Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 12 Messenger and Support Staff 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be William Harris Helen Chase 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Wife 7735 Merrick Lane, Landover, MD Ada D. Harris 20a. Method of Disposition 20b. Place of Disposition (Name of cematery, crematory or other place) 20c. Location - City or Town, Stata 1 XBurlal 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) 2/5/97 Cheltenham, MD Maryland Veterans Cemetery of Funaral Service Licensa 22. Name and Addrass of Facility STEWART FUNERAL HOME, Inc. Benning Road, N. E., Washington, 4001 Enter the diseasa, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or respiratory arrest, or haart feilure. List only ona causa on each line. Approximata Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final diseasa or condition resulting in death) Examiner Examiner sician and burial-transit Sequantially list conditions, if any, leading to immadiete cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or as a consequence of) physician s the burial P.O. Box 68760 death certificate be Physician/Medical Due to (or as a consequence of) 0 Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? ed by 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No Records, þ 8 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed hes 1 ☐ Yes 2 No certificate 2 12 No Division of Vital 25. Was case referred to medical examiner? Be 28. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) OL this funaral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of Certification: 28d. Describe how injury occurred 28c. Injury at Work? of or Attending Parties after death. Aftar 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide To the Mospital of within 24 hours at To the Funeral D complately filled it 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) end menner es steted. 29e. Certifier Medicai 2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number 0 35947 29d. Date signed (Month, Day, Year) 29b. Signature and title of cor 30. Name and address of person who m 23a) (Type, Print) DOKE ORBOR Way #202 Con Norman 10274 31. Date filed (Month, Day, Year) State

DHMH 16 Rev 6/95

Registrar

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State of Maryland / Department of Health and Mental Hygiene 0.7

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vithir To th	×	29b. Signature and and of cartifier	2		29c.	Licensa number		29d. Data si	gned (Month	h, Day, Year)
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		30. Name and address of person w George Bone, MD			(Type, Print) uther Kin	g Jr. Hg	hwy, Lan	ham, MD	20706	5
S Regis	tate trar	31. Data filed (Month, Dey, Year) EFR 04 19	97 Jah di	ar's Signature	robell					

DHMH 16 Rav 6/95

97-0501-033

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygier	ne 07	0518	l
Certificate of Death	J	0310	b

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27. Menner of Death

Certification: To

1 Neturel

2 Accident

3 Sulcide

29e. Certifier (Check only one)

4 Homicide

29b. Signeture end title of certifier

5 Pending Investigation

6 Could not be determined

To the within 2 To the

State Registrar

Medicai

Stephen S. 1.
31. Data filed (Month, Dey, Year) Radentz,

O.C.M.E.

1 Yas 2 No

28c. Injury et Work?

1 Certifying Phyelcian: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

29d. Deta signed (Month, Day, Year) JANUARY 31,1997

28d. Describe how injury occurred Subject was Stranguled and struction the head

28f. Location (Street and Number or Rural Route Number, City or Town, State) 2519 Lewis Ave

Suitland, Maryland

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

28b. Time of Injury

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

111 Penn Street, Baltimore, Maryland 21201

FEB 03 199

28e. Dete of Injury (Month, Dey Year)

Found 1-30-97 untrown

Home

(410)641-4400

			State of M	faryland /	Department of Certificate of		Mental Hy		97	05185
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40 LL 40 U		11 Buriel 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specif	Removel from State	9	of Disposition (Neme of tery, cremetory or other		1000			
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To the	2	29b. Signeture end title of certifier			29c. Lic	ense number		29d. Dete sig		
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State Registrar

32. Registrer's Signeture The Savelson Revolate

30. Neme end eddress of person who completed ceuse of death (Item, 23e) (Type, Print)

FEDERICO G. ARTHES, MD

31. Dete filed (Month, Dey, Year) FEB 0 7 1997

1622A OCEAN PINES, BERLIN, MD 21811

After an Every Dec

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death Day Month **Physician** Linda Elizabeth Feb 5 1997 3:21 PM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Genesis ElderCare -The Pines Easton Talbot If Undar 1 Yaar | If Undar 24 Hrs. | 8. Data of Birth Months | Days | Hours | Min. | (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 10 M 200 F Months Yrs. 213-12-7957A Usual Rasidance of Dacadant Director May 06, 1906 Maryland 10a, Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits ns 23s or 28s-f show must be notified at Easton Talbot 1 Yas 2 No Mary land Directo 10f. Zip Coda 10e. Street end Number 10g. Citizan of What Country? Route 50+ Dutchman's 21601 Lane Items 23s U.S. 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Dates: Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American Indian, Black, Whita, atc. filed within 72 hours after 1 Nevar Married 2 Married 1 Yas 2 Ino Specify: Baltimore, Maryland 21215-0020 ð Black ď 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highast grada completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Hygiene. other than Elementary/Secondary (0-12) College (1-4or 5+) City School System WORKER 12 permit. Pages 1 and 2 should be filled. Department of Health and Mental Hygis Important: If Item 27 is marked other I any injury or other traumatic event, the 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be St. Clair Slater Edward EMMO 19a. Informant's Name/Raiationship (Typa, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) P. O. BOX 211 Cambridge Maryland 21613
Data 20c. Location - City or Town, State St. Clair Edward 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition 1 Burial 2 Cramation 3 Ramoval from Stata 21:0/97 Cambridge, Maryland Waugh Cemetery
22 Nama and Addrass of Facility 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Licensaa grature of Funaral Sarvice Licensea

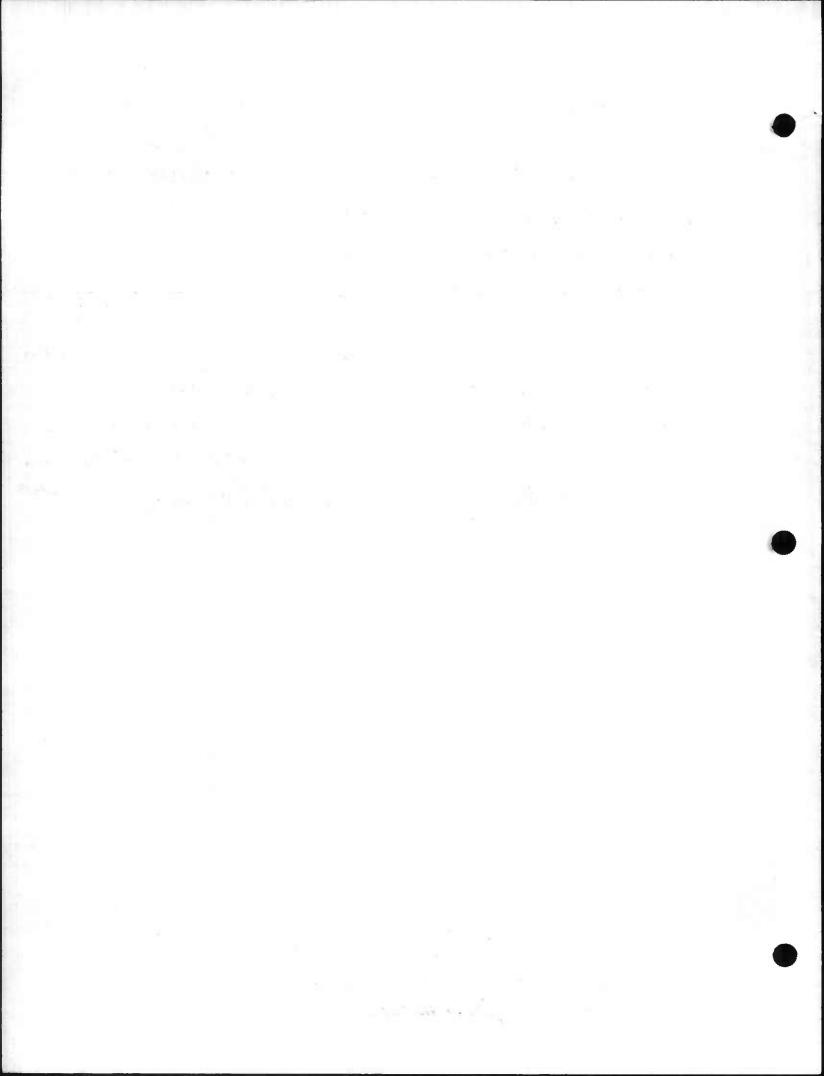
22. Nama and Addrass of Facility

HENRY (FUNERA) HOME

\$10 - Washington St. Cambridge, Mary (and start tha disease, or complications that caused ha death. Do not antar tha mode of dying, such as cardiec or raspiratory arrest,

Approximate intervel Batween Conset and Death **Physician** Immediate Cause (Final disaasa or condition rasulting in daath) SEPSIS /Medical **Examiner** Physician/Medical Examiner Sequantially list conditions, if any, leading to immadiata causa. Entar Underlying Ceuse (Disease or injury that initiated evants rasulting in death) Last Records, P.O. Box 68760, Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 Probably 4 ☑ Onknown DEMENTIA 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? certificate 1 Yas 2 12 No 1 ☐ Yas 2 ☐ No Division of Vital Hospital or Attending Physicien: Be 25. Was casa rafarred to medical axaminar? 26. Piaca of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatlent 3 ☐ DOA Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Yas / 2 TNO edical Certification: To After this filled in by the funeral 27. Manne of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Divatural 5 Panding Invastigation 1 ☐ Yas 2 ☐ No within 24 hours after death. To the Funeral Director: A 2 Accidant 6 Could not be 3 ☐ Suicida 28a. Place of injury - At homa, farm, street, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as steted.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner/stated. 29a. Cartifian (Check only one) To the 29b. Signatura and title of certifier 29c. Licansa number 29d. Date signed (Month, Day, Year) MAKAS 30. Nama and address of person who complated causa of death (Item 23e) (Type, Print) EASTON AUF 508 INLEWILD 32. Registrar's Signatura State Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 97 05 | 87

						C	ertificat	e of	Death			Reg. No.		
			1. Decedent's Name (First, Middle, I	.ast)							2. Date of De			3. Time of Death
	Physici		Anthony Ingegne	ri							Month Januar	y 28, 1	Year 997	5:18 am
9	/Medi Examir		4a. Facility Name (If not institution, g		oer)				4b. City, To	wn, or Lo	cation of Deet	1	y of Death	
	LXdiiii	101	Golden Oaks Nurs	ing Home					Laure	1		Prin	ce Ge	eorge's
	Funeral				Age (In yrs.	ast birtho	(ay) If Under		r if Under		8. Date of Bi (Month, D			
	Director		217-32-1964	1⊠M 2□F	81	Yrs	Months	Deys	Hours	Min.	Month, Di	ey, Year)	Donn	place (State or Foreign Intry)
			Usuai Residence of Decedent								NOV.	21, 1913	I em.	isylvania
	ylend Mark		10a. Stete 10b. County		10c. City	, Town o	r Location							10d. Inside City Limits
	Man	ō	MD Prince	George's	Be1t	- cv i 1	10							1 N Yss 2 No
	\$ 580 E	Director	10e. Street and Number	ocorge 3	DCT	.5 4 1 1	10f. Zip	Code				10g. Citizen of	What Cou	intry?
	N E	ā	11911 Holly Tre	o Court				705				U.S.A.		
	s 23	Funeral	11. Meritel Stetus	12. Wes Deced	ant Ever in II	9	13. Was Dece		Hienenic Orl	ain? /Sne	oihr Voc or N		co - Amor	Ican Indian,
_	iten d	5	1 Never Married 2 Married	Armed Forc	es?	0.	If Yes, spe	cify Cu	ben, Mexicar	, Puerto	Rican, etc.)		ack, White	
20	filed within 72 hours efter death with the Maryland Hygiene. ther than "naturel", or items 23a or 28a-f show int, the Medical Examinat nust be notified at	by F	3 Widowed 4 Divorced	If Yes, Give			1 Tes	2 🔯 No	Specify:			Speci	fy: W	hite
Ö	hou	8	15. Decedent's			16a D	ecedent's Usua	al Occi	ination			16b. Kind of I	Rueinaee/le	nduetna
5	n 72	Completed	(Specify only highest g	rade completed)		(G	ive kind of wo	rk don	e during mos	t of worki	ng	100. Kind of I	Justilessii	idustry
12	the che	Ĕ	Eiementary/Secondary (0-12)	College (1-4	or 5+)		emaker					Priva		
9	Hygi ther	ŭ	17. Fether's Name (First, Middle, La	st)		5110	emaker		18 Moths	er's Name	(First, Middle			
Maryland 21215-0020	od be	Be										1 1 1 1 1 1		
2	d Me	10	Filipo Ingegner			100.00		(0)			carell			
Ma	12 si h an r ls r											er, City or Town		
	lealt m 2 her		Angelo Ingegner 20e. Method of Disposition	i - Broth			O Metz isposition (Nar		tt Roa	d, C				and 20740
0	H of H		1 ☐ Burisi 2 ☐ Cremation 3	☐Removel from St		emetery,	crematory or o	ther pl	ace)	1	Date	20c. Location	- City or 1	own, State
altimore,	Per meni		4 ☐ Donation 5 ☐ Other (Spec			e of	Heave	n C	emeter	y 1/	31/97	Silver	Spri	ing, Marylan
a	permit. Peges 1 and 2 should be filed within 72 hours efter death with the Manylen Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "naturel", or items 23a or 28a-f show with Injury or other traumatic event, the Medical Examiner must be notified at once.		21. Signeture of Funeral Service Lic	ensee			22. Neme er	d Add	ress of Facilit	y So	ne Fun	eral Ho	mo D	Λ
m	88 = 88		160 BG	5										MD 20781
			23a. Part1. Enter the disease, or co shock, or heart failure. List on	mplications that cau	sed the death	. Do not							ire,	Approximate
× -	Physician		shock, or heart failure. List on	y one cause on eac	sh iine.								i	Interval Between Onset and Death
	/Medical		Immediate Cause (Finai											
	Examiner		disease or condition resulting in death)	a. 15	CHERL	6	CARDIO	541	OPMI	H				30 4
		ē					sequence of):							
	uted	Examiner		ьС	ARDI	ore	CIRA	30	Ry A	are	31		i	
	BARCE BI-tra	Xa	Sequentially list conditions, if sny, leading to Immediate		Due to (or	as a con	sequence of):						i	
68760,	slcia buri		cause. Enter Underlying Cause (Disease or injury that Initiated events	C		it illess								
28	ertificate be executed ling physician end e as the burlat-transit	edical	resulting In death) Lest		Due to (or	as a con	sequence of):						i	
×		3		d										
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o.	requires that the deeth been signed by the ette should be detached for	ysi	Pert II. Other significant conditions	contributing to deat	h but not resu	iting in th	e underlying o	ause g	iven in Part I		23b. Dld	tobacco use c	ontribute i	to the cause of death?
<u> </u>	hat ti od by detac										10	Yss 2 No	3 Pro	obably 4 Unknown
Š	ras t Signe	þ											T	
0	nbe.	tec										an autopsy omed?	81	Vere sutopsy findings valiable prior to
Records,	as b	di											of	ompletion of cause f desth?
	The law ate has page 2	Completed									10	Yes 2 No	1	☐ Yes 2☐ No
Vital	ysician: The s certificate director, pag	Be	25. Was case referred to medical						28. Piace	of Deeth	(Check only	one)		
		To	examiner?	Hospital:	atient 2 1	ER/Outpa	itient 3 DC	OA O	ther . /			idence 8 🗆 Ot	her (Speci	ifv)
o	g Phy ar this heral d		27. Manner of Desth	28a. Date of	Injury Day Year)	28b. Tim	e of 2	8c. Inj		7		how Injury occu		
0	nding sth.	atlo	1. Naturai 5 ☐ Pending 2 ☐ Accident investigati		Day real)	Inju	М		Yes 2□	No				
Division	after deeth. Director: After	Hick	3 Suicide 6 Could not determine	Zoe. Place U	Injury - At ho	me, farm,	street, factory	, office	•				ber or Rui	ral Route Number,
5	d in	Certification:	4 Homicide	building	etc. (Specify)					City or 10	wn, State)		
	To the Hospital or Att within 24 hours after d To the Funeral Direct completely filled in by	_ r											anner ss	stated.
	P Fur	edical	(Check only 2 Medical Exe	minsr: On the besi	s or examinat	on and/o	r Investigation	in my	opinion, dea	th occurr	ed at the time,	date and place	, snd due t	to the cause(s)
	of this	₩ W	29b. Signature and title of certifier	\triangle			290	. Licer	se number			29d. Date sign	ed (Month	, Day, Year)
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	00			- I Y		7		2 M	3014			Januar	y 28 ,	199/
	121		30. Name and siddress of person who								1 1 0	0707 10	2.1	
	1		Isabella Martire					La	urel,	Mary	Tand 2	0707-48	31	
	Sta Registr		31. Date filed (Month, Day, Year) FEB 05	17 Julies	istrar's Signat	UTB .	all							
	Registr	aı	LER OR 13	7										

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Dey Douglas Lee Jenkins 28, 1997 January 10:30 pm 4a. Fecility Nema (If not institution, giva street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth ROCKVILLE If Under 24 Ars. 8. Date of Birth Min (Month, Dey, Year) SHADY GROVE ADVENTIST HOSPITAL MONTGOMERY If Undar 1 Year 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) Months 1⊠M 2□F Deys 59 May 30, 1937 Virginia 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Montgomery Germantown 10f. Zip Code 10g. Citizan of What Country? 19611 Crystal Roak Drive #12 20874 U.S.A. 12. Was Decadent Ever in U,S. Armed Forces? Was Decedent of Hispanic Orlgin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puarto Rican, etc.) 14. Rece - Amarican Indien. Black, White, etc. 1 Navar Married 2 Married ☐ Yes 2 No Yes, Give 1 ☐ Yes 2 No Spacify: Specify: White 3 Widowed 4 Divorced Yeer or Datas: 15. Dacedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Carpenter Construction 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Nettie Agnes Ensminger

Completed Be 2

Director

Funeral

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Physician

/Medical

Examiner

Funerai

Director

7 is marked other than "natural", or Items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at

Hygiene.

Pages 1 and 2 should be filed nent of Heaith end Mental Hygi nt: if Item 27 Is marked other

permit. Pages 1 and 2 s Department of Health er Important: if Item 27 is eny injury or other trau

Physician /Medical

Examiner

and I-transit

physician ar

attending p the a

signed by t

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certificate

Prospital or Attanding Physician: 24 hours efter death. Puneral Director: After this certifica letely filled in by the funeral director,

To the Hospital within 24 hours e To the Funeral Completely filled

page 2

that the death certificete be executed

The law requires

Box 68760,

P.O.

Records,

Vital

Division of

Examiner

Physiclan/Medical

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Completed

Be

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Certification:

edicai

the Maryland

72 hours efter

Baltimore, Maryland 21215-0020

Carson Lee Jenkins 19e. Informent's Name/Relationship (Type, Print)

Elamentery/Secondary (0-12)

12

223-46-3411

10e. Street end Number

10e. Stete

Usual Residence of Decedant

10b. County

19b. Mailing Address (Streat end Numbar or Rural Route Number, City or Town, State, Zip Code)

Linda & Leonard Jenkins 20e. Mathod of Disposition 1 ☐ Buriei 2 X Cremetion 3 ☐ Removel from State

16323 Tanyard Road, Upper Marlboro, Maryland 20772 20b. Plece of Disposition (Name of cemetery, cremetory or other place) Dete 20c. Location - City or Town, State

4 □ Donetion 5 □ Other (Specify) Metropolitan Crematory 21. Signature of Funerel Service Licensee 22. Neme end Addrass of Facility

Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, MD 20781

Immedieta Cause (Finel disaase or condition resulting in deeth)

a Herniation of Brain Due to (or es e consequance of):

Few Hours

Cerebral Edema

Approximete Interval Between

Due to (or es e consequence ot):

us

24 Hours

Right Cerebral Vascular Accident Due to (or es a consequence ot)

23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errast, shock, or have failure. List only one cause on each line.

36 Hours

Sequentially list conditions, if eny, leading to immediata ceuse. Entar Underlying Ceuse (Disease or injury that initiated avents resulting in death) Lest

Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 ☐ Unknown

02/01/97 Alexandria, Virginia

Insulin Dependent Diabetes Mellitus

24e. Was en autopsy performed?

24b. Wara autopsy findings aveilable prior to completion of causa of death?

Hypertension

1 ☐ Yes 2 ☑ No

1 Yes 2 No

25. Wes case referred to medical 1 Yes 2 No

1 X Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

28e. Plece of Injury - At home, ferm, streat, fectory, offica bullding, atc. (Specify)

Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 28d. Describe how injury occurred

26. Plece of Deeth (Check only ona)

28e. Dete of Injury (Month, Dey Year) 27, Manner of Deeth 1 Naturel 5 Panding invastigation 2 Accident 6 Could not be determined 3 Suicide

28c. Injury at Work? 1 Yes 2 No

29e. Cartifian

4 Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred at tha tima, data end plece, end due to the ceusa(s) and mannar as stated.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at tha tima, data end plece, end due to the causa(s) and menner stated.

29b. Signature and title of certifier

29c. Licansa number wen Course 6/not hig

29d. Dete signed (Month, Dey, Year)

28t. Location (Straet and Number or Rural Route Number, City or Town, State)

30. Name and address of person who completed ceusa of death (Item 23e) (Type, Print)

Hospitel:

7100 DEER CROSYNG COURT, BE7HESDA MD LOSIT VIRENDRA SAXENA MO K-

State Registrar 31. Dete filed (Month, Day, Yeer) 05



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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Dey JONES 9:54AM GEOR GIA JAN 1997 30 /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Southern Maryland Hospital Clinton Prince George's If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) 6. Sex Birthplace (State or Foreign Country) **Funeral** 1□M 2⊠F 87 579-44-9952 Yrs. Director 11-16-1909 Unknown Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location "naturel", or items 23a or 28a-f show 10d. toslda City Limits 1 Yes 2 No Director Maryland Prince George's Forestville 10e. Street and Numbar 10f. Zip Code 10g. Citizen of What Country? with 7420 Marlboro Pike 20747 U.S.A. deeth Completed by Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after 1 ☐ Yes 2 No If Yas, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married 21215-0020 1 Yas 2 No Specify: 3 Nidowed 4 Divorced Specify: Black th end Mental Hygiene.
7 is marked other than "natur treumatic event, the Medical 15. Decedent's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Collaga (1-4or 5+) Domestic Worker Private Unknown Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Surnama) Be Pages 1 end 2 should be nent of Health end Mental Unknown Unknown 2 19a. Informant'a Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) of Health Milton E. McIver/Conservator 8700 Central Avenue, Hyattsville, Maryland 20785 other 20b. Pleca of Disposition (Name of cametery, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 02/07 1 X Burial 2 ☐ Cremation 3 ☐ Removal from Stete = 8 permit. Page Department of Important: If any injury or 4 ☐ Donation 5 ☐ Other (Specify) Harmony Memorial Park 1997 Landover, Maryland 22. Name end Address of Facility
J. B. JENKINS FUNERAL HOME
7474 Landover Road, Landover, Maryland 20785 21. Signature of Funeral Service Licansee A. Percente 23a. Part1. Enter the dileese, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failura. List only one cause on each line. **Physician** /Medical Immediate Cause (Final precumin 24 hrs disease or condition resulting in death) Examiner Due to (or as a consequenca of): Examiner Dementia The lew requires that the death certificate be executed the buriel-transit and Sequentially list conditions, if eny, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760. physician Physician/Medical Due to (or es e consequença of) signed by the et d be deteched for Pert II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed by 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy peed hes this certificate 1 Yas 2 NO 1 ☐ Yes 2 ☐ No al or Attending Physician: The setter death.

In Director: After this certificate of in by the funeral director, pa Be 25. Wes case raferred to medical 26. Placa of Death (Check only ona) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 2 Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 28a. Date of Injury (Month, Day Year) Certification: 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 1 Naturel 2 Accident 5 Pending 1 Yes 2 No Investigation 6 Could not be datarmined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital o within 24 hours el To the Funeral D completely filled i 1 Certifying Physician: To the best of my knowladga, daath occurred at tha tima, data and placa, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the tima, date and placa, and due to the causa(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dav. Year) othere us D35206 1997 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) TANNER MD. 11701 Livingston RUAD Snite #101 Fort WASNINGTON William 1. 31. Data filed (Month, Day, Year) 32 Registrar's Signatura State Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

05190 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death **Physician** Mary Susan 1997 10:00 A.M. aeger Feb. /Medical 4a. Facility Name (If not institution, give street and numbar) 4b. City, Town, or Location of Daath 4c. County of Death Examiner 707 0 arunde 461 Jameson lace not if Under 1 Yaar If Undar 24 Hrs 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) Birthplaca (State or Foraign Country) **Funeral** Months Days Hours 220 42 4962 1 M 2 BF 54 Yrs Director Jan. 20,1943 La Plata Md. Usual Rasidance of Decedant Pages 1 end 2 should be filed within 72 hours after death with the Maryland nent of Health end Mental Hygiene. int: If item 27 is marked other than "natural", or itams 23s or 28s-f show 10a State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or itama 23a or 28a-f show traumatic event, the Medical Examiner munt be nottlied at 10d. Insida City Limits Director Anne Arundel Crofton 1 ☐ Yas XX No Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? by Funeral 21114 United States 1461 Jameson Place 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 1 ☐ Nevar.Married 2 ☐ Married l □ Yes 2□.No If Yes, Give Yaar or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No 3 ☐ Widowed 4 ☐ Divorced Specify: White Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) Medical Technologist Medica1 6 17. Father's Nama (First, Middle, Last) 18. Mother's Nama (First, Middle, Meidan Surnama) Be Dr. Edward Joseph Edelen, Jr. Mary Olivia Keech 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Numbar or Rural Routa Number, City or Town, Stata, Zip Code) Crofton Maryland 21114 Bruce Jaeger Husband 1461 Jameson Place other 20b. Placa of Disposition (Name of cemetery, cramatory or other place) 2/4/97 20a. Mathod of Disposition 20c. Location - City or Town, Stata H III XIX Buriel 2 Cramation 3 Ramoval from Stata permit. Page Department o Important: If any Injury or 4 ☐ Donation 5 ☐ Othar (Specify) Ignatius Catholic Cemetery St. Port Tobacco Maryland 21. Signature of Funaral Sarvica Licensee 22. Name and Addrass of Facility Robert E. Evans Funeral Home, P.A. 23a. Part1. Enter the disaasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. 16000 Annapolis Rd. Bowie Md. 20715 **Physician** Nodular lymphomo /Medicai Immediata Causa (Final diseesa or condition rasulting In daath) 1/2 Year Examiner Examiner or Attending Physician: The law requires that the death certificete be executed the buriel-tran Sequentially list conditions, if any, laading to immadiate causa. Enter Undarlying Cause (Diseasa or injury that initiated events rasulting in daath) Last pue Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, ettending physician for use as the burie Physician/Medical Dua to (or as a consequence of): been signed by the e should be deteched t Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed by 24b. Wara autopsy findings available prior to complation of causa of death? 24a. Was an autopsy performed? hes this certificate 1 Yas 1 □ Yas 2 □ No 25. Was casa retarred to medical axaminer? Be 28. Place of Deeth (Check only ona) 1 Yas 2 No Other: 4 Nursing Homa 5 Assidence 8 Othar (Specify) 0 1 Inpatiant 2 ER/Outpatient 3 DOA funeral Certification: 27. Mannar of Deeth 28b. Tima of Injury 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28c. Injury at Work? After Naturel 5 Panding ours after death. invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicida 6 Could not be determined 28e. Place of Injury - At homa, tarm, street, tactory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicide To the Hospital
within 24 hours a
To the Funeral C Hospital Medical 29a, Certifier Certifying Physician: To tha best of my knowledga, deeth occurred at the time, deta and place, end dua to tha ceusa(s) and manner es stated.

Medical Examiner: On tha basis of axamination and/or invastigation, in my opinion, death occurred at tha tima, dete end place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and Jifferof certifier 29c. Licensa number 29d. Date signed (Month, Day, Yaar) U.O. who completed causa of deeth (Itam 23a) (Type, Print) 900 Bestgate Annapolis, ma. 21401 Selouich, m.o. 31. Data filad (Month, Dey, Year) 32. Registrar's Signetura State ali Davoleon Registrar

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State of Maryland / Department of Health and Mental Hygiene

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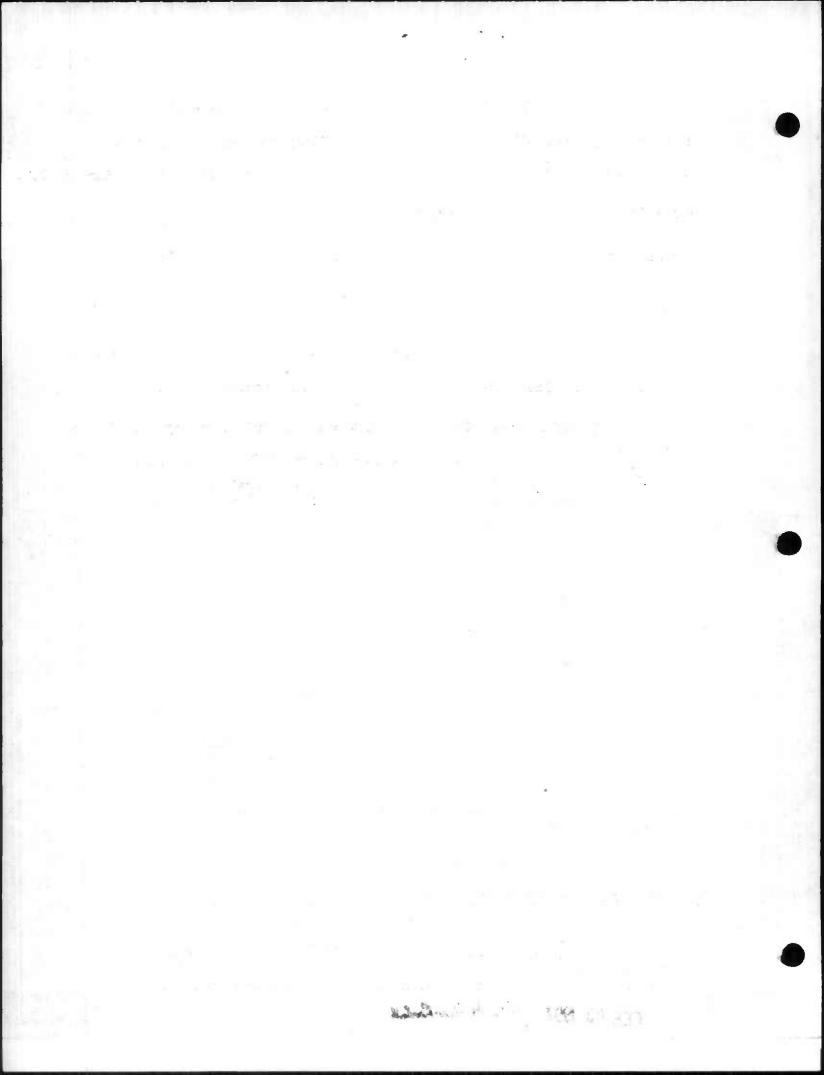
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month Richard D. Klimkiewicz, Sr. 1997 January 8:33AM 31, /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 8201 16th St. Apt. 903 Silver Spring Montgomery 5. Sociei Security Number 6. Sex tXXM 2□ F If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Yaar) May 27, 1933 Birthplece (Stete or Foreign Country) **Funeral** Months Deys Hours 578-46-8199 Yrs. 63 Director Washington, D.C. Usual Residence of Decedent filed within 72 hours after death with the Marylend 10a. State 10b. County 10c, City, Town or Location Show 10d. Inside City Limits ns 23a or 28a-f show Virginia Lancaster XX Yes 2 No Director Lancaster 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 97 Dock Rd. 22503 USA Funeral Hems 2 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Giva Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 11. Marital Status event, the Medical Examiner 1 ☐ Never Married 2 ☐ Merried Baltimore, Maryland 21215-0020 5 1 ☐ Yes 2 🗓 No Specify à Specify: White 3 ☑ Widowed 4 ☐ Divorced netural', Completed 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use ratired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiene. Elemantary/Sacondary (0-12) Collaga (1-4or 5+) 4yrs. Federal Government Financial Analyst 17. Fether's Neme (First, Middle, Last) permit. Peges 1 and 2 should be file Department of Health end Mental Hy Important: If item 27 is marked oth any loury or other traumatic event other. 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Francis DeSales Klimkiewicz Jane Cecilia Jameson 19a. Informent's Neme/Relationship (Type, Print) 19b. Meiling Addrass (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Richard D. Klimkiewicz, Jr./Son 8201 16th St. Apt. 903 Silver Spring, Md. 20910 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, crametory or other pleca) 20c. Location - City or Town, Stete 1 Burial 2 Cremation 3 Removel from State Resurrection Cemetery 2/3/97 5 ☐ Other (Specify) Clinton.Md. 20735 4 Donetic George P. Kalas Funeral Home 21. Signature of Funeral Service Licensee des 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, or heart failure. Limit only one cause of each line. Approximete Intervel Between Onset end Deeth Physician /Medical Immediete Cause (Finel disease or condition resulting in death) **Examiner** Examiner The law requires that the death certificate be executed use es the burial-transit and Sequentielly list conditions, if eny, leeding to immadiate causa. Enter Underlying Cause (Disease or Injury Division of Vital Records, P.O. Box 68760, Physician/Medical thet initieted events resulting in deeth) Lest Due to (or es a consequence of): signed by the el Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by Completed 24b. Were autopsy findings evellable prior to 24e. Wes an eutopsy performed? completion of cause of deeth? certificate has 1 Yes 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Wes case rafarred to medical exeminar? 26. Placa of Death (Check only ona) Other: 4 Nursing Home 5 Needlence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA After this 27. Manner of Deeth Dete of Injury (Month, Dey Yeer) 28b. Time of injury 28c. Injury at Work? 28d. Describe how Injury occurred Certification: 5 Pending Investigation 1 Neturel 2 Accident s efter death.

I Director: Aft
of in by the fur 1 ☐ Yes 2 ☐ No 6 Could not be datamined 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital o within 24 hours eff To the Funeral Di completely filled in Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end placa, end due to the cause(s) end manner as attated.

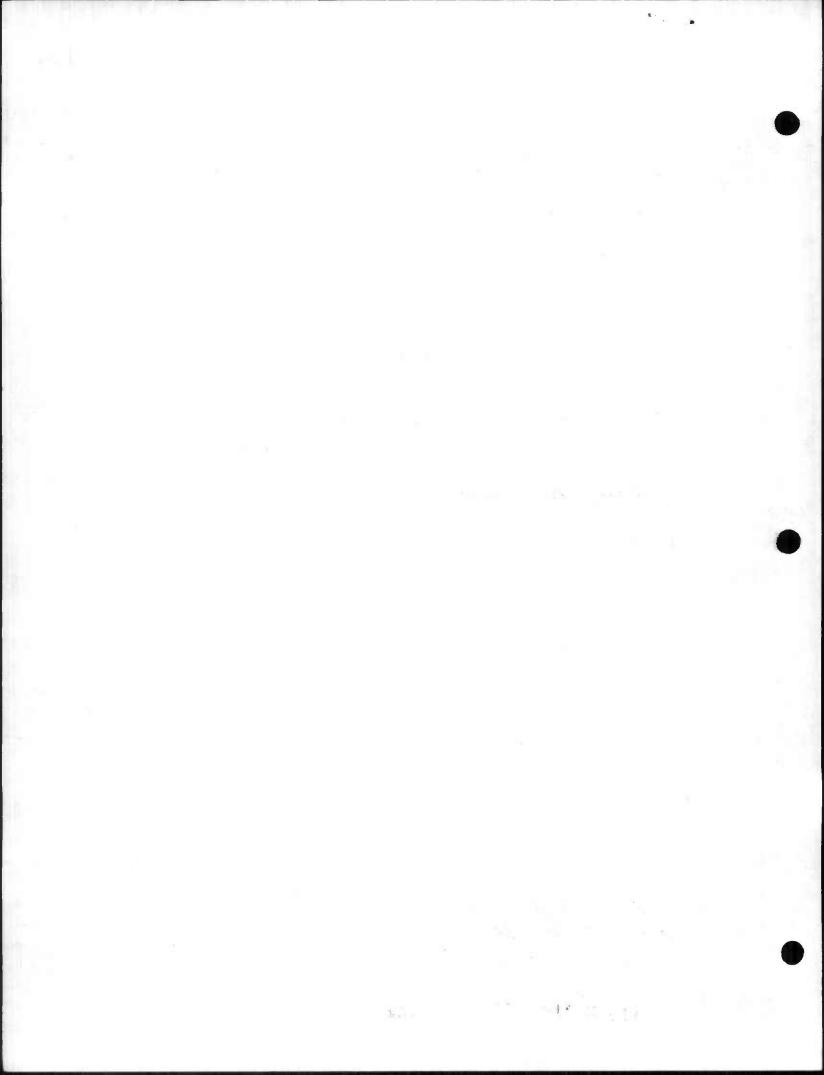
2 Medical Examinar: On the basis of examinetion end/or invastigation, in my opinion, daeth occurred et the time, date end place, and due to the cause(s) end menner steted. Medical 29e. Certifier (Check only 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Dev. Year) (DC) 12851 Nema and eddress of person who complated cause of deeth (Item 23a) (Type, Print) 2150 Pa. Ave. N.W. Suite 3-428 Washington, D.C. James Ahlgren, M.D. 31. Dete filed (Month, Day, Year) State Studiork FEB 03 Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 97 05 | 93

					Cen	tificate of	Death		Reg. No.	, ,	00100
Physicia	an	Decedent's Neme (First, Middle, Les	(1)					2. Dete of D Month	eeth Dey	Yeer	3. Time of Deeth
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		8814 Monmouth	Dr.				Upper I			ce Ge	eorge's
c Funeral Director		5. Social Security Number 6. Social Security Number 11 Security Number	- Ar	e (In yrs. les	Yrs.	Months Deys			irth lax, Year)	9. Birthpl Count Wasi	lece (State or Foreign try) , D . C .
the Maryland 28a-f show notitied	tor	10e. State Md. 10b. County P.G.		10c. City,	Town or Loc er Ma	ation rlboro)			10	0d. Inside City Limits 1₺ Yes 2□ No
death with the Maryland ims 23a or 28a-f show im. De notitled	I Direct	10e. Street end Number 8814 Monmout	h Dr.			10f. Zip Code 2077	2		10g. Citizen of U.S		try?
or Ite	by Funeral Director	11. Marital Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces? 1 Yes 2 New Year or Detes:	Ever in U,S.			Hispenic Orlgin? (ban, Mexican, Pue	Specify Yes or N into Rican, etc.)	o- 14. Ra	ca - America ock, White, e	
c 8	To Be Completed	15. Decedent's Elementary/Secondery (0-12)	ucation	+)		ent's Usuel Occu ind of work done O NOT use retin	spetion a during most of w ad)	orking	16b. Kind of B		
Hyg ther	Ö	17. Fether's Neme (First, Middle, Last)	2 915		11	THEEL	18. Mother's Na	ame (First, Middle			. IIIIIeII C
d be ental	O B	Charles Wa	tson					llian O		/	
Tari	Ĕ	19a. Informent's Neme/Reletionship (T			10h Maillea	Addrage /Strac	et end Number or F			Ctoto Tin	Code
thar trau		Loretta K. Youn					10 abov		ser, City or Town	, Siele, Zip	Code)
Hee Hee		20e. Method of Disposition	guaugiree			ition (Neme of etory or other pla		Date	20c. Location	- City or To	wn State
permit. Pages 1 and 2 should be filed within Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than any injury or other traumatic event, the Monce.		N Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify,)	Ft.	Linc	oln Ce	m. 2/1	/97	Brent		
Depari Important in any in		21. Signeture of Funerel Service Licans		_	22. H 4	Name end Addr .S.Was 925 Bu	ess of Fecility hingtor rroughs	& Son Ave.,	s,Inc. N.E.		
Physician /Medicai		23a. Pert1. Enter the disease, or comp shock, or heert failure. List only of the composition of the composit					ing, such es cardi	ac or respiretory	errest,		Approximete Interval Between Onset end Deeth 2 Hrs.
Examiner	- e	disease or condition resulting in deeth)	_Cardia		s e consequ						Z IIIS.
and and sitransit	Examiner	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury	b. ————	Due to (or e	s e conseque	enca of):				1	
ificete be g physicia es the bur	Medical	resulting in deeth) Last		Oue to (or es	e conseque	ence of):					
attendin for use	an		d							1	
the at hed for	Sic	Pert II. Other significant conditions co	ntributing to death bu	t not resulti	ng in the und	lerlying cause g	iven in Pert I.	23b. Did	tobacco usa co	ntribute to	the cause of death?
5 60	by Physician/	Dementia						10	Yes 20 No	3 Prob	ably 4 Unknown
	Completed	Weight Loss						24e. Wes	s en eutopsy ormed?	com	re autopsy findings illable prior to appletion of cause leath?
The law ate hes t page 2 s	E							10	Yes 2 No		Yes 2□ No
certificate	Be	25. Wes case referred to medical					Of Place of Da	eth (Check only			165 2010
direct	0	examiner?	lospitel:	* 2DE0	/Outpetient	all post Of	hor	/			
5 5 8	- -	27. Manner of Deeth 1 Netural 5 Pending 2 Accident Investigation	28e. Dete of injur (Month, Dey		b. Time of Injury	28c. Inju	4LI Nuising	Home 5 2 Aes 28d. Describe	how injury occur		1
if or Attending effer death. Director: After d in by the fune	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Plece of Injubuilding, etc	ry - At home (Specify)	, farm, stree	et, fectory, office		28f. Location (City or To	(Street end Numb wn, Stete)	per or Rural	Route Number,
Hospi 14 hou Funer filely fill	edical	29a. Certifier (Check only) 2 Medical Exernic	nician: To the best of	f my knowle examinetion	dge, death o end/or inve	occurred at the ti stigetion, in my	me, date and piec opinion, deeth occ	a, end due to the urred et the time,	cause(s) end me dete end placa,	anner as sta and due to	ited. the ceuse(s)
To the	Me	29b. Signatury and title of continue	pn	()	1	29c. Licen D 2 4			29d. Dete signe Jan. 29		
(5)		30. Name and edgless of person who co					h Ave	Clinto	n Md.	20735	
State	9	31. Date filed (Month, Day, Year)	32 Aggistra						,		



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

3. Time of Deeth

0300AM

1 Yes 2 No

Approximate Interval Betw Onset and Death

4 Unknown

2 No

29d. Date signed (Month, Dey, Yeer)

FEBRUARY 02, 1997

Physician	
/Medicai	
Examiner	

Funeral Director

the Maryland 28a-f show must be notified at items 23s filed within 72 hours after naturel', or Hygiene.

Funeral

Be

Peges 1 and 2 should be nent of Health and Mentel traumatic permit. Peges 1 end 2 Department of Health e Important: If Item 27 is eny injury or other tra once.

Baltimore, Maryland 21215-0020

Physician /Medicai Examiner

Physician/Medical Examiner sician end buriel-transit by ate hes been signe page 2 should be Completed certificate Be P this Certification: After ofter deeth illed in by the

The lew requires that the death certificate be executed

Box 68760.

P.O.

Division of Vital Records,

or Attending Physician:

deeth.

1 24 hours e Hospital

1. Decedent's Neme (First, Middle, Last) 2. Date of Death Month Day KEEMER FARAY DAVON FEBRUARY 02, 1997 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death 2116 BARROWFIELD ROAD PRINCE GEORGES OXON HILL | If Under 1 Year | If Under 24 Hrs. | S. Dete of Birth (Month, Dey, 1) | SEPT 2, 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birthplace (State or Foreign Months Yrs. 1977 CALVERT CTY. MD 19 212-11-6593 Usual Residence of Decedent 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits Temple Hills Prince George's Director Maryland 10e. Street and Numbe 10f. Zip Code 10g. Citizen of What Country? 20748 5941 Fisher Rd. United States 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Bleck, White, etc. 11. Marital Status 1₺ Never Married 2□ Married Specify: Black 1 ☐ Yes 2 No Specify: þ 3 □ Widowed 4 □ Divorced Completed 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+) 12th Unemployed N/A 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surneme) Constance Randolph Keemer Harris 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Constance Keemer / Mother 5941 Fisher Rd. Temple Hills, Maryland 20748 20b. Placa of Disposition (Neme of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State Dete 1 Surial 2 ☐ Cremetion 3 ☐ Removal from State Fe 6.8 Landover, Md. 4 □ Donation 5 □ Other (Specify) Harmony Memorial Park 1997 21. Signeture of Funeral Servica Licensee 22. Name and Address of Facility
Alexander S. Pope Funeral Homes 5538 Marlboro Pike/Forestville, Md. Mexandes 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heert failure. List only one ceuse on each line. Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es e consequence of) Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 25. Wes case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Mother (Specify) AT SCENE Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA 1∰ Yes 2 No 27. Manner of Deeth Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 1 Natural 5 Pending SYAM 1 Yes buci Investigation Found 2/2/97/ Shop 2 Accident 3 D Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 2116 Barrowfield

To the Hosp within 24 hou To the Fune completely fil

State Registrar

edical

29a. Certifier

29b. Signature and title of cartifier

HEODORE 31. Date filed (Month, Dey, Year)

111 Penn Street, Baltimore, Maryland 21201 32 Registrar's Signature

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

20 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and menner stated.

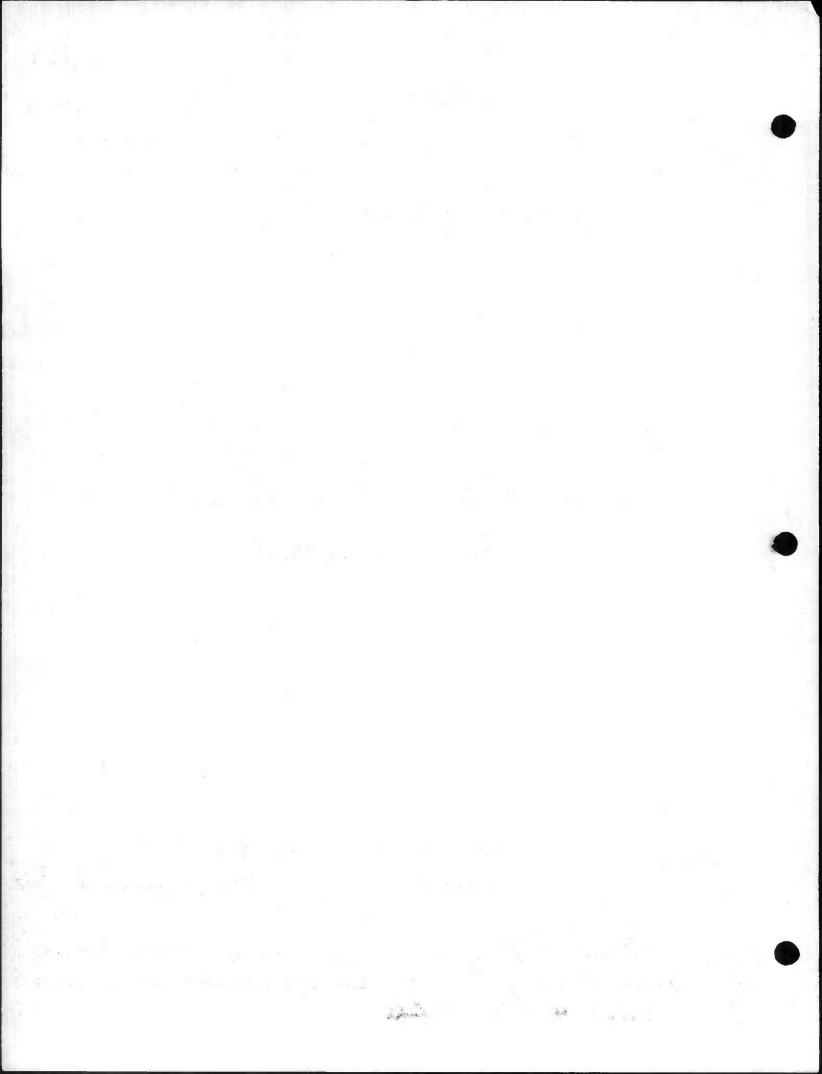
O.C.M.E.

29c. License number

07 199

30. Name and eddress of person who completed cause deeth (Item 23a) (Type, Print)

DHMH 16 Rev 6/95

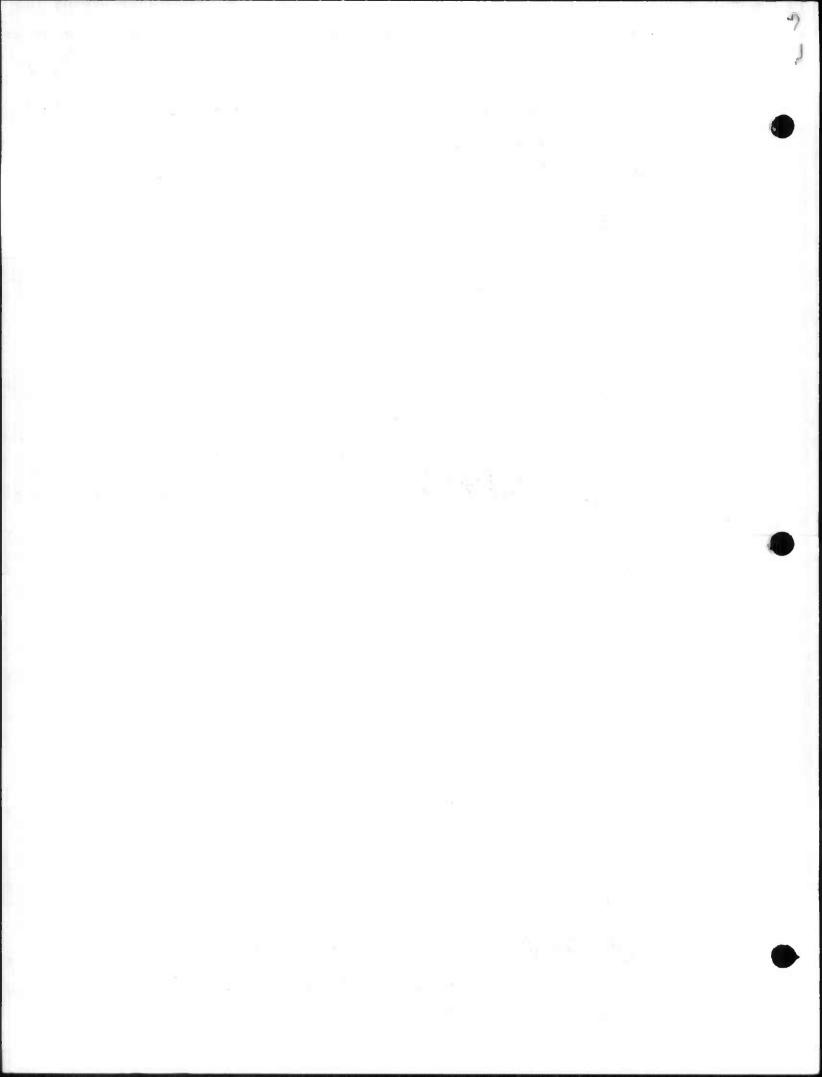


State of Maryland / Department of Health and Mental Hygiene 97 05 195

_					Certificate o			g. No.	03133
	Physic /Medi		1. Decedent's Nama (First, Middle, Last)	Lowe			2. Date of Death	Day Year	3. Time of Death 8:50 PM
	Exami		4a. Facility Name (If not institution, giva stree Anne Arundel Medica			4b. City, Town, or Lo		4c. County of Death Anne Arun	
100	Funeral Director		5. Social Security Number 414-54-8636 Usual Residence of Decedant	7. Age (In yrs. las	Yrs. If Under 1 Year Months Day	ar If Under 24 Hrs.	8. Date of Birth (Month, Day,		place (State or Foreign
	Maryland -f show	tor	10a. State 10b. County Maryland Anne Arur	ndel	Fown or Location Shadyside				10d. Inside City Limits 1 ☐ Yes 2 No
	th with the 23a or 28a	Funeral Director	10e. Street and Number 1734 Lake Ave		10f. Zlp Code 2076			og. Citizen of What Cou Inited State	
020	within 72 hours after deeth with the Maryland ene. than "natural", or items 23a or 28a-f show its Maulcal Examiner must be notified at	by Funer	1 Nevar Married Married	Vas Decedent Evar In U,S. Armed Forces? ☐ Yas 2 X Yo ! Yes, Give Yaar or Dates:	13. Was Decedent of If Yas, specify Co	f Hispanic Origin? (Spuban, Mexican, Puerto o Specify:	ecify Yas or No- Rican, etc.)	14. Race - Ameri Black, Whita, Specify: Whi	atc.
21215-0020	yithin 72 hours jiene. r than "natural", the Medical Exe	Completed by	15. Decedent's Educatic (Specify only highest grade con Elementary/Secondary (0-12)	mplated) College (1-4or 5+)	16a. Decedent's Usual Occ (Give kind of work dor life. DO NOT use rati Business Man	ne during most of work red)	ring 1	6b. Kind of Business/in	ndustry
Maryland 2	should be filed withlind Mental Hygiene. Transfed other than treatic event, tre M	To Be Co	17. Father's Name (First, Middle, Last) Charlie Lowe			18. Mother's Nam			2
	1 end 2 should Heelth and Men 8m 27 ie marke ther treumatic		19a. Informant's Name/Relationship (Type, Bonnie M. Lowe		19b. Mailing Address (Stre 1734 Lake Av				Coda)
altimore,	Pages nent of nnt: If its ury or o		20a. Method of Disposition **Massial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	VALITOTTI STATE	e of Disposition (Name of etery, crematory or other p t Lincoln		В	20c. Location - City or To	Marvland
Balt	permit. Page Department of important: If any injury or ance.		21. Signature of Funaral Service Licansee	7	22. Name and Add Alexandri	ress of Facility Lee a Ferry Ro	Funeral	Home, Inc o ton, Maryla	6633 Old
	Physician /Medical Examiner	ner	23a. Part1. Enter the disease, or complication shock, or heart failure. List only one call immediate Cause (Final disease or condition resulting in death)	Ventric	Do not enter the mode of d	ying, such as cardiac Tachy, teart	carcli Faily	a Re	Approximata Interval Between Onset and Death
Box 68760,	seth certificate be axecuted attending physician and for use as the burial-transit	an/Medical Examiner	Sequantially list conditiona, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events resulting in death) Last	Ischer	s a consequence of): a consequence of): Care Consequence of Cons	1 - D/	myof	Desage	3mb
P.O.	the de	by Physician/	Partil Other significant conditions contributions with the conditions contribution of the conditions contribution of the conditions contribution of the conditions contribution of the conditions contribution of the conditions contribution of the conditions contribution of the conditions contribution of the conditions contribution of the conditions contribution of the conditions contribution of the conditions contribution of the conditions contribution of the conditions contribution of the conditions contribution of the conditions contribution of the conditions contribution of the condition of th	ting to death but not resulting to death but not resulting to death but not resulting to the property of the p	ng in the undarlying cause	given in Part I.	23b. Did fot	s 2 No 3 Pro	the cause of death?
Vital Records,	ew requ	Completed b	Mitral 1 Re	sury tate)6		24a. Was an perform	ned?	fere autopsy findings vallable prior to ompletion of causa death?
Vital F	Physicien: The I rthis certificate he ral director, page	Be	25. Was case refarred to medical axaminer?	tal·		Whor:	1 ☐ Year	9)	☐ Yes 2☐ No
o	등 등 등	: To	T Tas 2 SANO	1 LInpatient 2 LIER	/Outpatient 3 DOA b. Time of thingury 28c. In	A I Kulsing Ho	oma 5 Resider 28d. Dascribe hov	nce 6 Other (Special of the second of the se	<i>(y)</i>
Division of	To the Hospital or Attending Is within 24 hours after deeth. To the Funeral Director: After completely filled in by the funer	Certification:	2 Accident investigation	(Month, Day Year) 8e. Placa of Injury - At home building, atc. (Specify)	M 1	Yas 2 No		eet and Number or Run	al Route Number,
	he Hospital or in 24 hours afte he Funeral Dir pletely filled in	edicai	(Check only 2 Medical Examiner:	n: To the best of my knowle On tha basis of examination and manner stated.	dga, death occurred at the and/or investigation, in my	time, date and place, opinion, death occurr	and due to tha ca red at the time, da	usa(s) and manner as a ta and place, and due t	itated. o the cause(a)
	To the vithin 2 To the comple	M	29b. Signature and titla of certifier	fall mp	Du	H216	29	d. Data signed (Month, 2-4	Day, Year)
	Sta	te	30. Nama and address of person who completed with the second seco	ted causa of daath (Itam 23 H Q []	. D 120	2 W 4	t. An	napolis	MD 21461

The second secon

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended item #26 per physician Certificate of Death 2/10/97 Carroll Co. p.l.c. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month 0 Walter G.Leister 02 /Medical 4b. City, Town, or Location of Deeth 4e. Fecility Neme (If not institution, give street end number) 4c. County of De Examiner Carroll Westminster 433 Silver Run Valley Rd. | If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth | Months | Deys | Hours | Min. | April 21,1910 | Carroll Cnty., MD 6. Sex 1-1 M 2 ☐ F 5. Social Security Number 7. Age (In yrs. lest birthday) **Funeral** 86 213-05-1281 Director Usuel Residence of Decedent permit. Pages 1 and 2 should be filled within 72 hours efter death with the Merylan Department of Health and Mentel Hygiena. Important: If Item 27 is marked other than "natural", or Nems 23s or 28s-f show any injury or other traumatic event, the Medical Examination once. 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1□ Yas 2♥No Director MD Carroll Westminster 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? U.S.A. 21158 433 Silver Run Valley Rd. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 💆 No Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Raca - American Indien, Bieck, White, etc. 1 ☐ Never Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ No Specify: p Specify: 3€ Widowed 4 Divorced WHite Completed Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Commercial Graphics Shipper 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Lecretia Shaffer Grant Leister 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 12715 Lee Ben Rd. Kingsville, MD 21087 19e. Informent's Neme/Reletionship (Type, Print) Regina Diem 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stata 1 Buriel 2 □ Cremetion 3 □ Removel from State 4 □ Donetion 5 □ Other (Specify) 2/8/97 Aloysius Cemetery Littlestown, PA 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility 34 Maple Ave. Littlestown, PA 17340 Little's F.H. 23a. Pert1. Enter the disease, or complications that caused the limit. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart fellure. List only one cause on each line. Approximete Intervei Between Onset end Deeth **Physician** cardiovascular disease /Medical Immediete Ceuse (Finei disease or condition resulting in deeth) Examiner Physician/Medical Examiner ician and buriel-transit that the death certificeta be axecuted Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Inhieted events resulting in deeth) Lest Due to (or es e consequence of): P.O. Box 68760, physician tha Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown been signed t should be dat Division of Vital Records. þ 24b. Were autopsy findings eveileble prior to Completed 24e. Wes en eutopsy completion of cause of deeth? paga 2 2 No Hospital or Attending Physician: funaral director, 25. Wes case referred to medical exeminer? Be 26. Piace of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpetient this 28c. Injury et Work? 27. Menner of Deeth 28e. Dete of Injury (Month, Dev Year) 28d. Describe how Injury occurred 28b. Time of Affar 5 Pending Neturei s aftar daeth. 1 ☐ Yes 2 ☐ No Investigetion 2 Accident the 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide To the Hospital within 24 hours a To the Funeral Complately filled edical 15 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier 29b. Signature and fitte 29d. Dete signed (Month, Dey, Year) 29c. License number 30. Name and address of person who completed cause of deeth (item 23e) (Type, Print) Robert S. Faucet 31. Dete filed (Month, Dey, Yeer)
FEB 1 0 32 registrar's Signeture State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 05197 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Date of Death 3. Time of Death **Physician** Month 30 SHEILA D. January LANIER 97 2130 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner North Arundel Hospital Glen Burnie If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Day, Year) **Funeral** Birthplace (State or Foreign Country) Deys Hours 1 ☐ M 2 🖾 F Yrs. Director 213-42-6934 53 Feb. 24, 1943 Maryland Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location Items 23a or 28a-f show incr must be notified at 10d. Inside City Limits. Director 1 ☐ Yes 2 No Maryland Anne Arundel Odenton 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? With 2718 Summers Ridge Drive Funeral 21113 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 11. Maritai Stetus Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, the Medical Examiner Black, White, etc. filed within 72 hours efter 1 ☐ Yes 2 No
If Yes, Give
Year or Dates: 1 ☐ Never Married 2 ☐ Married 21215-0020 ŏ 1 ☐ Yes 2 ☑ No Specify: Completed by 3 Widowed 4 Divorcad Specify: White "naturel" 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grede completed) i Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Strategic Budgeting P.G. County Government ith end Mental Hygie 27 Is marked other if traumetic event, to other Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be Peges 1 and 2 should be Wesley Dingee Julia Albian Sutton 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Peges 1 and 2: Department of Health er Important: If Item 27 is any injury or other trau Lawrence Magnani - Fiance 2718 Summers Ridge Drive, Odenton, Maryland 21113 20a. Method of Disposition 20b. Place of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, State Date 1 ☐ Burlal 2 🖾 Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Metropolitan Crematory 02/04/97 Alexandria, Virginia 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility
Francis Gasch's Sons Funeral Home, P.A. tonsla 4739 Baltimore Avenue, Hyattsville, MD 20781 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate interval Between Onset and Death **Physician** /Medical Immediate Cause (Finel Acute Myocardial Insufficiency Minutes diseese or condition resulting in death) Examiner Due to (or as a consequenca of): Arteriosclerotic Heart Disease The law requires that the death certificate be executed buriel-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or es a consequence of): nding physician a Division of Vital Records, P.O. Box 68760. Physician/Medicai Due to (or as a consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? signed by t Hypertension, Hypercholesterolemia 13 Yes 2 No 3 Probably 4 Unknown by Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an eutopsy performed? has 1 ☐ Yes 2 No certificate 1 ☐ Yes 2 ☐ No Hospital or Attanding Physician: 24 hours after death. Be 25. Was case referred to medical 26. Piace of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1XYes 2 No After this 27. Manner of Death 28a. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury at Work? 1 Neturei 5 Pending investigation Director: Ald in by the fu 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be determined 28e. Piaca of Injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rurel Route Number, City or Town, State) 4 Homicide To the Hospital o within 24 hours aft To the Funeral Di completely filled in Medical 29a Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, dete and placa, and due to the cause(s) and manner stated. 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Deputy D 06054 1-31-97 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) William P. Jones, M.D. 695 America Court 21035

State Registrar 31. Date filed (Month, Dey, Year)
FEB 05

32. Registrar's Signeture

State of Maryland / Department of Health and Mental Hygiene 97 05 | 98

						Ce	rtificate	e of	Death	7		Reg. No.		
		1. Decedent's Name (First,	Middle, L	est)							2. Dete of De	eth	V	3. Time of Deeth
Physic		Lillian Mae	Lo	ng							Month Januar	y 30, 1	Yeer 997	11:50 p
/Med Exami		4e. Fecility Neme (If not inst			m <i>ber)</i>				4b. City, To	own, or Lo	ocation of Deeth			
		Greenbelt Nu	rsin	e Home					Green	belt.		Prin	CP G	eorge's
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ges 1 and 2 should be filed within 72 hours efter death with the Maryland tof Heelth and Mental Hygiene. If item 27 is marked other than "natural", or itams 23a or 28a-f show or other traumatic event, the Medical Experient must be inclined at	F	1 Never Married 2	Married	Armed Fo	2 No		If Yes, spec				Rican, etc.)	Ble	ck, White	, etc.
urs ours	by	3 ⊠ Widowed 4 □ Dive	orced	If Yes, Giv Yeer or D			1□ Yes 2	2 XJ No	Specify	:		Specil	y: Wh:	ite
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To the Hospital or within 24 hours after To the Funeral Director Completely filled in E	r	29e. Certifier 12 Cert	ifying Ph	ysician: To the	best of my know	wledge, deat	n occurred e	t the tir	ne, date er	nd plece,	end due to the o	ause(s) end m	anner as a	iteted.
the Ho hin 24 the Fu	pa	29e. Certifier (Check only one) 29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place of the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place of the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place of the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place of the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place of the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place of the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place of the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place of the basis of examination end/or investigation.									ed et the time, o	dete end plece,	end due t	o the cause(s)
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State of Maryland / Department of Health and Mental Hygiene

					Certificate o	f Death		Reg. No.	
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Exam		4a. Facility Name (If not institution, g	ive street and number)			4b. City, Town, or	Location of Deal	th 4c. County	ot Deeth
		Howard County Ge	neral Hosn	ital		Columbia		Howa	rd
Formania				a (In yrs. last bir	thday) If Undar 1 Yas		. 8 Date of Ri		
Funera Directo		061-46-6432 Usuel Residence of Decedent	1□M 2\ F		Yrs. Months Day		(Month, D.	ay, Year) 23, 1932	9. Birthplece (Stata or Foraig Country) Portugal
and *		10e. Stete 10b. County		10c. City, Tow	n or Location				10d. Inside City Limit
Maryli -1 sho	Į.	Maryland Howard		Columb					1 N Yes 2 N
the	Director	10e. Street and Number		COLUME	10f. Zlp Code			10g. Citizen of	What Country?
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s 23	20	6405 Empty Song		- 1 110	21044			U.S.A.	
ar de	Funeral	11. Maritel Stetus	12. Wes Decadant Armed Forces?		13. Was Dacadent of If Yes, specify Cu	Hispenic Origin? (S iben, Mexican, Puer	Specify Yes or No to Rican, atc.)		ce - American Indian, ck, Whita, etc.
The strong better the control of the	by	1 ☐ Never Married 2 ☐ Marriad 3 🖾 Widowed 4 ☐ Divorced	1 Yes 2 X I If Yas, Give Year or Detas:	No	1□Yes 2☒N	o Specify:		Specif	
2 ho	Completed	15. Decedent's		16a.	Decedent's Usual Occ	upetion		16b. Kind ot B	usiness/Industry
J within 72 ho jene. r than "natur	o e	(Specify only highest g			(Give kind of work don life. DO NOT use reti	e during most of wo	rking		
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1 and 2 Health em 27 i		Edite Gatte - Da	ughter	64	405 Empty S	ong Road.	Co1umb	ia. Mary	yland 21044
f Heall f Heall form 2		20e. Method of Disposition		20b. Pleca of	Disposition (Name of y, crematory or other p.		Dete		- City or Town, Stete
bemit. Pages 1 ar Department of Hea Moortant: if item, iny injury or other		1 ☑ Buriel 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spec					0/01/07	0.1	0 1 100
pemit. Pages 1 an Department of Heal Important: if item 2 any injury or other				Gate			2/01/9/	Silver	Spring, MD
Depa mpo mpo		21. Signature of Funerel Service Llo	311500		22. Name end Add Francis G	asch's Sc	ns Fune	ral Home	e. P.A.
		W. R.C.							le, MD 20781
19 19		23a. Part1. Enter tha disease, or co- shock, or heert tellure. List on	nplications that caused	the deeth. Do r	not enter the mode of d	ying, such es cardia	c or respiratory e	errest,	Approximete Interval Between
Physician		SHOOK, OF HEAR CHILDRE. LIST OF	y one cease on eech iii	10.					Onset and Deeth
/Medica	_	Immediate Cause (Finel	La to	4.11.	1 00		+ 1	C	2
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at the d by the etache	F	NIA					10	Yee 20 No	3 Probably 4 Unknow
gne d	þ								
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she she	Completed						репо	ormed?	aveilable prior to completion of causa
has b	E G								of deeth?
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Physician: The this certificate ral director, page	Be	25. Wes cese reterred to medical exeminer?				26. Place of De	eth (Check only	one)	
ysic s ce dire	To	1 ☐ Yas 2⊠ No	Hospitel:	nt 2 FR/Out	patient 3 DOA	thar: 4 Nursing H	toma 5 □ Besi	idence 8 □Oth	er (Specify)
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Attending Ph or death. ector: After thi by the funeral	Certification:	1 Neturel 5 Pending Investigetion	(Month, Day	Year) Ir		onk? ⊒Yes 2⊟No			
i or Attending Physician: T after death. Director: After this certificat d in by the funeral director, p	Ca	2 Accident Investigetii 3 Suicide 6 Could not	00						
In Par	듣	4 Homicide determine		ıry - At home, faı . <i>(Specify)</i>	m, street, tectory, office	Ð	28t. Location (Street end Numb wn, State)	ber or Rural Route Number,
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To the Hospital or within 24 hours after To the Funeral Direction	edicai	29e. Certifier Check only one) Certifying P	miner: On the besis of	examination end	deeth occurred et the Vor Investigation, in my	time, dete and piece opinion, deeth occu	e, end due to the arred et the time,	cause(s) and me date and plece,	enner as steted. end due to the cause(s)
at the	Mec		and menner ste	100.	200 11	aga number		20d Data simi	d (Month Day Vac)
5 ½ 5 8		29b. Signeture and title of certifier	,		29C. Licer	nsa number		290. Data signe	d (Month, Day, Year)
8		In this	(mi)		24	1139		1/29/	197
(4)		30. Name end eddress of person with	completed cause of de	eath (Item 23a) (Type, Print)	-		1 1	
		Howard	Counts	Ge	Hospie	e C	luuh	10 1	(, ,)
-		31. Data tiled (Month, Day, Year)	32 Pader	r's signature	Type, Print) Ho Spil		-0. 00-00		9
St Regist	ate		37 L.	Lucker Pa	alit				
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Month February 5:08 A 8 MIDDLETON Carmalita Louise /Medical 4b. City, Town, or Location of Death 4e. Facility Name (If not institution, give street and number) 4c. County of Death Examiner Prince Georges Lanham Doctors Community Hospital If Under 1 Year if Under 24 Hrs. 8. Dete of Birth
Months Deys Hours Min. (Month, Day) 5. Soclei Security Number 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign **Funeral** 1□M 2 1 F Yrs. FEBRUARY 8,1903 WASHINGTON D.C. Director 718-14-9886 Usuel Residence of Decedent with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. inalde City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylai Department of Heelth and Mental Hysiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic avent, the Madical Examiner must be not fed anone. 1 ☐ Yes 2 No Director MARYLAND CHARLES **WALDORF** 10e. Street and Number 10f. Zip Code 10o. Citizen of What Country? 805 ROXBURY COURT 20602 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Waa Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. Never Merried 2 Married 1 ☐ Yes 2 No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No þ Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Completed Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) **B&O RAILROAD** CLERICAL WORKER 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) VIVIAN M. MIDDLETON LILLIAN MAE LANHAM 19a. informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) RUTH A. O'ROURKE / NIECE 805 ROXBURY COURT, WALDORF, MARYLAND 20602 20b. Piece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Denation 5 ☐ Cline (Spacify) RESURRECTION CEMETERY 2/12/1997 CLINTON, MARYLAND 21. Signature Fineral Selvicer learning THE HUNTT FUNERAL HOME, INC. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. JOHN P. KNISLEY Approximate Interval Between Onset end Death **Physician** /Medical tmmediate Ceuse (Final disease or condition resulting in death) Examiner Completed by Physician/Medical Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) physician the burie Due to (or as a consequence of) esn conditions contributing to death but no sulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24a. Was an autopsy performed? 24b. Were autopay findings available prior to completion of cause of death? page 2 2 1 N 1 ☐ Yes 2 ☐ No certificate or Attending Physician: 25. Was case referred to medical examiner? funeral director, Be 26. Piece of Death (Check only one) Hospitai: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yea 2 Wo 1 Inpatient 2 ER/Outpatient 3 DOA this 27. Manner of Death 1 Metural 28a. Dete of tnjury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred After 5 Pending 1 Yes 2 No 24 hours efter death. Investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piaca of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide

Box 68760. Division of Vital Records. P.O. Hospital

State

Registrar

Medical

29a. Certifier

29b. Signati

(Check only one)

WILLIAM D. ROSSON, 5701 85TH AVE., NEW CARROLLTON, MARYLAND 20784

Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

Medical Examiner: On the jesis of exeminetion and or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated.

31. Date filed (Month, Day, Year)

30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print)



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State of Maryland / Department of Health and Mental Hygiene 0.7

	Certificat	e of Death	Reg.	No.	03201
Physician	I. Decedent's Neme (First, Middle, Last)	72.	2. Dete of Deeth Month	Dey Year	3. Time of Deeth
/Medicai	DONISE F MARKLE		res o	5 1997	3:40 p
Examiner	e. Facility Neme (If not Institution, give street end number)	4b. City, Town, or Lo	cation of Death	4c. County of De	eth
	BRADFORD DAKS NURSING CENTER	CLINTON		PG	
Funerai Director	5. Social Security Number 6. Sex 1 M 2 F 7. Age (In yrs. lest birthday) 1 M 2 F 7. Age (In yrs. lest birthday) 4 Yrs. If Under Months Jsuel Residence of Decedent	1 Yeer If Under 24 Hrs. Deys Hours Min.	8. Date of Birth (Month, Day, Vo.		irthplace (State or Foreign Country) 15.5002
a or 28a-f show the notified at Director	10e. Stete 10b. County 10c. City, Town or Location				10d. Inside City Limits
r items 23s or 28s-f showning must be notified at Funeral Director	Maryland Prince George's Upper Marlbo 108. Street and Number 109. Zip 8905 Columbine Lane		10g. Un	Citizen of Whet C	Country?
eral		dent of Hispanic Origin? (Sp	acifu Vae or No.	14. Rece - Arr	perican Indian
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omp dmo	Elaments (Secondary (0-12) College (1-4or 5+) Homemaker	se retired)		Home	
other traumatic event, I	17. Fether's Neme (First, Middle, Last) John Maderson White	18. Mother's Neme	o (First, Middle, Mai v White	iden Sumame)	
E E		s (Street and Number or Run	<u></u>	ity or Town, Stete	, Zip Code)
er traum	Barbara J. Gardner 8905 Colu	umbine Lane,	Upper Mar	lboro, M	Maryland 207
e de	20a. Method of Disposition 20b. Piece of Disposition (Nau camelery, cremetory or comments)	me of	Dete 200	c. Location - City of	or Town, State
	f Buriel 2 □ Cremetion 3 □ Removel from Stete 4 □ Donetion 5 □ Other (Specify) Cedar Hill Cer		1997 51	i+land	Maryland
Important: If Iv any Injury or o once.	21. Signeture of Funerei Service Licensee 22. Neme er	nd Address of Fecility Lee ria Ferry Roa	Funeral	Home, Inc	6633 Old
	M. C. Walla				33
	23a. Pert1. Enter the disease, or compilcetions that caused the deeth. Do not enter the mod shock, or heart feilure. List only one cause on each line.	de of dylng, such es cardiec	or respiretory arrest	1	Approximete Interval Between
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dicai niner	Immediate Cause (Fine) disease or condition resulting in deeth)	lemid pat	780		1412.
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physician and the buriel-tra- the buriel-tra-	Sequentially list conditions, leading to immediate ceusa. Enter Underlying Ceuse (Disease or Injury that initiated events page 1.5.				
d d	that initieted events resulting in deeth) Last Due to (or es e consequence of):				
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gned by the ettending be deteched for use e by Physician/M					1
the d	Pert II. Other significant conditions contributing to death but not resulting in the underlying of	cause given in Pert I.	23b. Dfd toba	cco use contribu	ite to the cause of death
F 65			1 Yes	212/No 3	Probably 4 Unknow
			24a. Wes an a	utopou 24h	o. Were autopsy tindings
hou hou			performe		availeble prior to completion of cause
s certificate hes t lirector, page 2 s					of death?
Pag Co			1 ☐ Yes	2 1 No	1 ☐ Yes 2 ☐ No
director,	25. Was case reterred to medical examiner?		h (Check only one)		
5	1 Yes 2 No Hospitel: 1 Inpatient 2 ER/Outpatient 3 Do	OA Other: 4 Nursing Ho	me 5 Residence	e 6 □Other (Sp	pecify)
After the funeral fune	2 Accident investigation M	28c. Injury at Work? 1 ☐ Yes 2 ☐ No	28d. Dascribe how	injury occurred	
el Director: After t led in by the funera Certification:	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be datarmined 28a. Place of Injury - At home, term, street, tector building, atc. (Specify)	y, office	28t. Location (Stree City or Town, S		Rural Route Number,
To the Funeral Director: After completely filled in by the funer medical Certification	29e. Cartifier (Check only one) 1 Certifying Physician: To the best of my knowledge, daeth occurred end one) 1 Medical Examiner: On the best of exemination end/or investigation end menner stated.	et the time, date and plece, , in my opinion, deeth occurr	end due to the ceus	se(s) end manner end piace, and d	as steted. ue to the causa(s)
To the		c. License number	290	. Dete signed (Mo	nth, pay, Year)
	30. Name and address of person who completed cause of death (item £36) (Type, Print)	y D-24:	535	2/5	197
	Laxmi Berwa, MD 7700 Old Branch Ave, #C10	1, Clinton, N	Maryland	20735	
State	31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture				
Registrar	FEB 1 2 1997 Julia Dander Randall				

State of Maryland / Department of Health and Mental Hygiene 97 05202

		Decedent's Nama (First, Middle, La	act)		Certificati	e of Death	2. Data of De	Reg. No.	2 Time of De
Physician		^		Mark'			Month_	, Day	3. Time of De
/Medical	_	Catherine 4a. Facility Nama (If not institution, given		Martin		4h City Town o	Z (Te		797 12:43 p
Examiner	r	Carroll County		bentup	EN		ster, mis	County of	
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uneral irector			1□ M 2 K F	82		Deys Hours Mi	n. (Month, De	y, Year) 1, 1914	9. Birthplace (Steta or Fo Country) Maryland
MO W		10a. Stata 10b. County		10c. City, Tow	m or Location				10d. Insida City L
28a-f show notified at	5	MD Carroll		Westmi	nster				1 1 Yas 2
23a or 28a-f s ust be notified	a Die	10e. Straat and Numbar 94 E. Main Stre	et		10f. Zip	Code 21157		10g. Citizen of Wh	
at', or items	2	11. Marital Status 1 □ Navar Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Decadant E Armed Forcas? 1 ☐ Yes 2 ☑ N If Yas, Giva Yaar or Datas:		13. Was Deced	dant of Hispenic Origin? cify Cuban, Maxican, Pus 2 No Specify:	(Specify Yes or No arto Ricen, atc.)	14. Race - Black, Specify:	Amarican Indian, Whita, atc.
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is ma		19e. tnformant's Name/Ralationship (Type, Print)	19b	. Mailing Addrass	(Straat and Numbar or I	Rural Routa Numb	er, City or Town, St	ate, Zip Coda)
7. tr		Donald C. Marti	n, husband			94 E. Mair	Street,	Westmins	ter, MD 2115
	2	20a. Mathod of Disposition 1		camata	f Disposition (Nemry, crematory or of ider's C	46	05/97 erv	20c. Location - Ci	nster, MD
important: i any injury o odcs.		21. Signetura of Funaral Sarvica Licar	nsee		22. Name and Prit	d Address of Fecility ts Funeral Washington	Home & C	hapel	
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 05203 Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Death 3. Time of Death **Physician** livet EDRUARY /Medical 4a. Eacility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner RINKO nern INDR if Under 24 Hrs. 8. Date of Birth (Month, Day, Yes 9. Birthplaca (State of Foreign Country) if Undar 1 7. Age (In yrs. last birthday) 5. Social Security Number **Funerai** 1□M 2₽F Months Days Hours Yrs. Director 419-38-7498 25 ALABAMA Usual Residence of Decedent Peges 1 and 2 should be filed within 72 hours efter death with the Maryland neat of Heelih and Mental Hygiene. In this if them 22 is a rested other than "natural", or items 23 or 28=4 show any or other tranmatic event, a second all Experience. 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Director PG OXON HILL 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5308 KENTMOUNT U.S. Completed by Funeral DRIVE 20750 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Giva Year or Datas: 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, atc. 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Specify: BLACK 3 Widowed 4 □ Divorcad 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) YRS NURSE AIDE NURSING IND. Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surnama) Be WILLIAM PINKSTON ROSE ANN TEMPLE 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) THERESA HUMBLE 5308 KENTMOUNT DRIVE, OXON HILL, MD 20750 20a. Method of Disposition

14∑ Buriai 2 ☐ Cramation 3 ☐ Ramoval from State 20b. Place of Disposition (Name of cametery, crematory or other place) 20c. Location - City or Town, Stata Date permit. Pege Department of Important: If any Injury or once. 4 ☐ Donation 5 ☐ Other (Spacify) HARMONY MEMORIAL CEMETARY LANDOVER, 21. Signature of Funeral Servica Licensee 22. Name and Address of Facility WASHINGTON, TRI-STATE F.S. 6234 3RD STREET,, N.W. Lender ales 23a. Part 1. Entail the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onsat and Death Physician /Medicai Immediate Cause (Final 40415 diseasa or condition resulting in death) Examiner Examiner or Attending Physician: The law requires that the death certificate be executed buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or injury that initiated avents resulting in death) Last and Box 68760. attending physician Physician/Medical the Due to (or as a consequence of) Division of Vital Records, P.O. the Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by to 1 Yes 2 No 3 Probably 4 Unknown by Completed 24a. Was an eutopsy performed? been s 24b. Were autopsy findings available prior to completion of ceuse of death? stases. has Wim this certificate 1 Ves 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 28. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred Affer 1- Naturai 5 Pending investigation deeth. 1 Yes 2 No 2 Accident 24 hours after deet the 6 Could not be detarmined 3 Suicide 28a. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Route Number, City or Town, Stata) 5 ∿4 ☐ Homicide Hospital ledical 1 Contifying Physician: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and menner stated. 29a. Certifier (Check only onel To the Nathin 2.
To the F 29b. Signature and title of cartifiar 29c. License number 29d. Data signad, (Month, Day, Year)

State Registrar (cha)

31. Data filed (Month, Day, Year)

FFB 06 1997

Far

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

ND 12825 Old Fort RJ. Ff. Wash
32. Registrer's Signature
Stable Mendels

the second second

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 05204 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month 10:10 A.M. MARCEL MERCER ALVIN FEBRUARY 02 1997 /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner MARYLAND HOSPITAL SOUTHERN CLINTON PRINCE GEORGES if Undar 24 Hrs. Hours Min. 5. Sociel Security Number If Under 1 Year 6. Sax 7. Age (In yrs. lest birthday) Birthplece (Steta or Foreign Country) 8. Dete of Birth (Month, Day, Year) **Funeral** 1₩ 2□ F Deys 172-44-0353 45 Yrs. Director Sept 7, 1951 Milford, DE Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23s or 28s-f show 1 Yes 2 No Director Prince Georges Clinton 10e. Street and Number 10f. Zip Code 10g. Citizan of Whet Country? U.S.A. 20735 6504 Kaine Avenue Funeral 12. Wes Decedant Evar in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puarto Rican, etc.) 14. Raca - Amarican Indien, Bleck, White, etc. 11. Maritel Status Pages 1 and 2 should be filed within 72 hours effer on not of Health and Mental Hygiene. Int: If Item 27 Is marked other than "natural", or Item 1 ☐ Yas 2 ☐ No If Yes, Give X Yaar or Dates: 1 X Naver Married 2 ☐ Married Specify: Black 1 ☐ Yas 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Hygiene. other than "natura ent, the Medical Completed 15. Decedent's Education (Specify only highest greda completed) 16a. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12th Events Coordinator Hospital traumatic event, 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Catherine Evelyn Spence Lorenzo Mercer 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Catherine & Lorenzo Mercer-Parents 120 S. 53rd St., Philadelphia, PA 19139 item 2. 20e. Method of Disposition 20c. Location - City or Town, State 1 Buriel 2 □ Cremetion 3 □ Removel from Steta 4 □ Donetion 5 □ Other (Specify) = 8 permit. Page Department of Important: If any Injury or once. 2-10-97 Broomall, PA Glenwood Cemetery 21. Signatura of Funerel Service Licenses 22. Name and Address of Fecility Marshall's Funeral Home, Inc. 111ars 4217 9th Street N.W. Wash, DC 20011 23e. Part. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or rasplratory arrest, shock, or heart feilure. List only one ceuse on each line. Approximete Intervel Between Onsat and Deeth **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical ARTERIOSCUEROTIC CARDIOVASCULAR DISEASE **Examiner** Due to (or es e consequence of): Examiner buriel-transit Sequantially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest Due to (or es a consequence of): Physician/Medical the Due to (or es e consequence of): 950 signed by the et d be deteched for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara auropsy findings avelleble prior to completion of causa of deeth? 24e. Wes en eutopsy parformed? should Completed page 2 Seu 1 ☐ Yes 2 ☐ No director, 25. Wes case referred to medical examiner? Be 26. Placa of Deeth (Check only one) examiner/ 1 Yes 2 □ No Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Tima of 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturet 2 Accident 5 Pending investigation efter death. 1 ☐ Yee 2 ☐ No filled in by the 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 24 hours e 1 Certifying Physician: To the best of my knowledge, deeth occurred et the tima, dete and place, end due to the cause(s) end menner es steted.

Medicat Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) 29a. Certifier Medicai pletely (Check only o the I 29c. Licansa number (Month, Dey, Year) 0 53954

Registrar

31. Dete filed (Month, Day, Yeer) 06

30. Neme and eddress of person who comp

MARIO

. GOLLE IT MD 300 | HOSPITAL DRIVE, CHEVERLY 32. Registrar's Signeture

th (frem 23a) (Type, Print)

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the Marylend

Baltimore, Maryland 21215-0020

The law requires that the death certificete be executed

Box 68760.

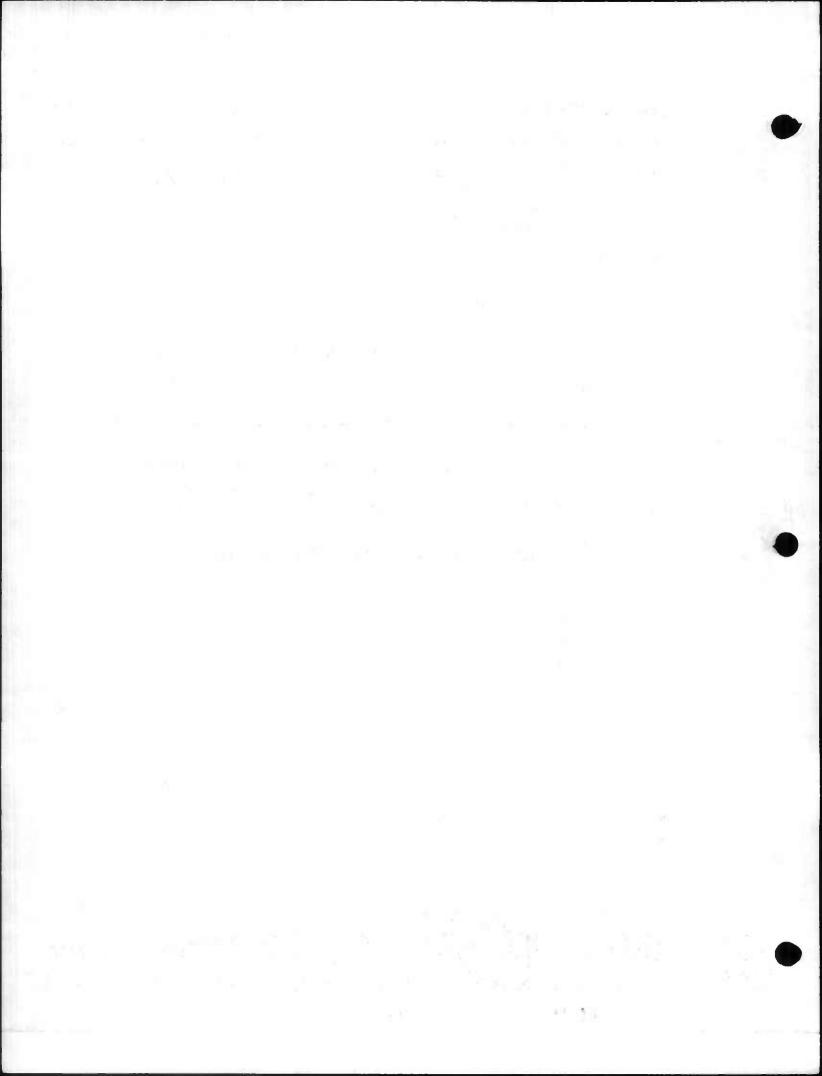
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Records,

Division of Vital

Hospital or Attending Physician:



10f. Zip Code

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death Month 26 1997 **FELDER** MCCOY JAN 01:01 PM 4c. County of Death

Physician /Medical Examiner

SUSAN 4a. Facility Nema (If not institution, give street and number)
MALCOM GROW HOSPITAL

4b. City, Town, or Location of Deeth CAMP SPRINGS

5. Social Security Number 217–20–7193 Usual Rasidance of Decedent 10b. County N/A

7. Age (In yrs. last birthday) 79 Yrs. 1 □ M 2X F

10c. City, Town or Location WASHINGTON

If Under 1 Year | If Under 24 Hrs. Days Hours

8. Date of Birth 8 (Month/ Pay, Year)

9. Birthplace (State or Foreign MARYING, SC

10d. Inside City Limits

Funeral Director

10a. Stata show DC. Director 10e. Street and Number

the Meryland ? is marked other than "natural", or items 23a or 28a-f shot traumatic event, the Maurial Examiner main be notified at

deeth with permit. Pages 1 end 2 should be filed within 72 hours after c Depertment of Health end Mental Hygiene. Important: if item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Express

Baltimore, Maryland 21215-0020

Physician /Medical **Examiner**

The law requires that the death certificate be executed the burial-transit Box 68760, se esn P.0. signed by the a Records, page 2 s has Division of Vital or Attending Physician: After this funeral after deeth. the filled in by

Be 2 Physician/Medical Examiner by Completed Be 2 Certification: 3 ☐ Suicida

1 X Xas 2 No 23 Maxinar of Deeth Natural 2 Accident 6 ☐ Could not be

Completed by Funeral Immediate Causa (Final diseese or condition rasulting in death) Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Diseasa or Injury that initiated avents rasulting in death) Last

Elementary/Secondary (0-12) 12 YEARS 25. Was casa rafarred to madical examiner?

68 NEW YORK AVENUE NE 20002 12. Was Decedent Ever in U,S. Armed Farces? 1 ☐ Yas 2 ☐ No If Yes, Give Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 ☐ Navar Married 2 ☐ Married 1 ☐ Yes 3 No Specify: Widowed 4 □ Divorced 16a. Decedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT usa ratired) 15. Dacedant's Education (Specify only highast grade completed) Coltaga (1-4or 5+) 1 YEAR HOUSEWIFE 17. Fathar's Nama (First, Middla, Last) EDWARD FELDER 19a. Informent's Name/Ralationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Route Number, City or Town, State, Zip Code) JANICE ALEXANDER 1803 BREWTON CT, DISTRICT HEIGHTS, MD 20747 20a. Method of Disposition
1 ☐ Burlai 2 ☐ Cremation 3 ☐ Ramoval from Stata 20b. Place of Disposition (Nama of Date LINCOLN MEMORIAL CEMETERY 2/1/97 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funaral Sarvica Licansee 22. Name and Address of Facility
JOHN T RHINES CO., 3030 12TH ST NE, DC 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. HYPERTENSIVE ARTERIOSCLEROTIC Due to (or as a consequence of): Dua to (or as a consequence of) Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Deta of Injury (Month, Day Year) 28c. Injury et Work? 5 Panding investigation

28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

14. Race - Amarican Indian, Biack, Whita, atc. Specify: BLACK 16b. Kind of Business/Industry NONE

18. Mother's Nama (First, Middla, Maidan Sumame) INEZ MILLER

20c. Location - City or Town, Stata SUITLAND. MD

10g. Citizen of What Country?

USA

20017

Approximate Interval Between Onset and Death

CARDIOVASCULAR DISEASE

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably Unknown

24a. Was an autopsy performed?

24b. Were autopsy findings evallable prior to completion of cause of death?

1 Yas Z No 26. Placa of Death (Check only one)

1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Dascribe how injury occurred

1 ☐ Yas 2 ☐ No

28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 1 Certifying Physician: To the best of the knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s)

> YIMEDICAL29EXIANI NEBB D33954

29d. Data signed (Month, Day, Year)

30. Nama and address of person wh MARIO F. GC tem 23a) (Type, Print) 3001 HOSPITAL DRIVE, CHEVERLY, MARYLAND 20785

31. Data filed (Month, Day, Year)

29b. Signature and title of certifier

32. Registrar's Signature Juki Davolson Rordall

State Registrar

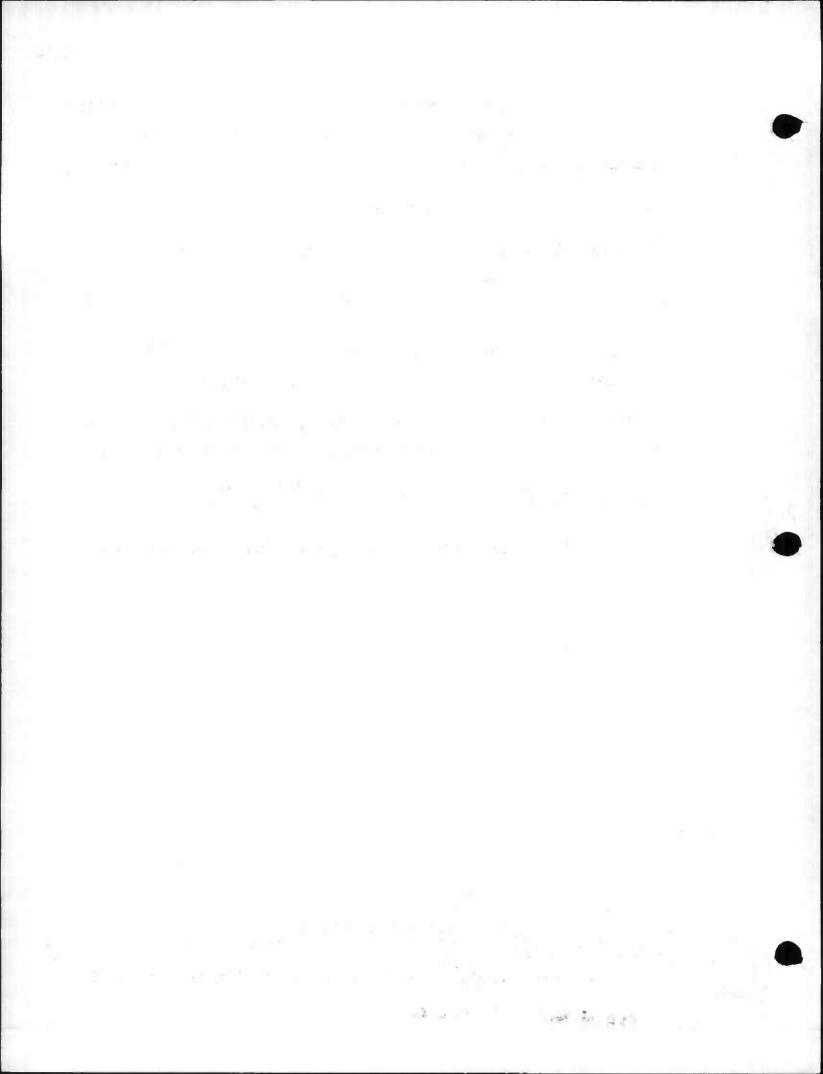
4 Homicide

29a. Cartifier

Hospital 24 hours

Medical

completely To the To the To the P



DE VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	MECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be holder to be state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITH, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the further than the formation, or the furth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If Iem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

_	112010111111			OLITTI	ICAIL	OI-	DEAL		HEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH		3	. TIME OF DEATH
	John James Murra	v Ir							MONTH DA		YEAR	0.75 0
	4. SOCIAL SECURITY NUMBER			a la company					January 3)1, 1		9:45 P M
		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPI Country)	LACE (State or Foreign
	215-36-3160	1 💢 M 2 🗌 F	56	YRS.	MONTHS	DAY8	HOURS	MIN,	Jan. 14.	1941	Washi	ington, DC
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN O	R I OCATIO	ON OF DE			INTY OF DEA	
œ			- 1					J. O. D.				
9	Crownsville Stat	e Hospita	aı		Crow	msv	ılle			Ann	ie Aru	ndel
DIRECTOR	10s. STATE 10b. COUNTY			lua las								
2			_		Y, TOWN OR					10d. INSIDE CITY		
ਠ	Maryland Princ	e George	S	Col	lege	Par	k				1	X YES 2 NO
7	10e. STREET AND NUMBER					101.	ZIP CODE			10a, CIT	IZEN OF WH	AT COUNTRY?
FUNERAL	9723 Narraganset	+ Dawlerra				1 0	0740					
E E			<u></u>				••••			U.S	.A.	
5	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED	13. W	AS DECE	ENDENT O	F HISPAN	IC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	or No-	14. RACE -	- American Indian, White, atc.
	1 Never Married 2 Married	IF YES, GIVE W		2110			2 NO				Specify:	2.20
BY	3 Wildowed 4 Divorced						XX	,			apacity.	White
品	15. DECEDENT'S EDUC	ATION	16a.	DECEDENT'S	USUAL OCC	UPATIO	N		16b. KIND OF BUS	SINESS/INI	DUSTRY	
COMPLETED	(Specify only highest grade			(Give kind of ville. Do NOT us	work down du	ring mos	t of working	g	1001 1001 01 000	JII C G J II II	DOGINI	
2	Elementery/Secondary (0-12)	College (1-4 or 5 +										
ž∣			P.	lumber					Private	Sec	tor	
였	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	IER'S NAI	ME (First, Middle, Maiden	Sumame)		
<u> </u>	John James Murra	v. Sr.					Pat	rici	a Estelle	Kino		
0	19a. INFORMANT'S NAME (Type/Print)			10h MAU INC	ADDRESS	Com at a s			loute Number, City or Town			
2												
`	Sherrill T. Murra	ау		9/23	Narra	gan	sett	Par	kway, Coll	ege	Park,	MD 20740
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo	uml from Ctota	20b. PLA	CE AND DATE	FDISPOSIT	ION (Nan	ne of		DATE 20c. LO	CATION -	City or Town	n, Stata
	4 Donation 5 Other (Specify)	var nom state	Meti	crematory or pr	tan C	rem	ator	v 02	/04/97 Ale:	xandi	ria. N	/iroinia
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1		22. N	AME AN	D ADDRES	S OF FAC	WI ITY			
	51 0 A		1.	0	Fr	anc	is G	asch	's Sons Fu	nera	1 Hom	e. P.A.
	Honola	/ /	Yas	d	Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave., Hyattsville, MD 2078							
	23. PART I. Enter the diseeses, or c	omplications the	coused the	deeth. Do n	of enter t	he mod	le of dyle	na euch	as cardiac or mani	reton, or	VIIIC	
- 1	ahock, or heart fellure. I	let only one ceu	se on each l	ine.	or order t	THE THOU	o or ayı	ng, auci	as cardiec or respi	atory at	i eet,	Approximate interval Between
- 1	IMMEDIATE CAUSE (Finel	0	10 10	1	- 2							Onset and Death
- 1	disease or condition resulting in death)	Kes	bwata	M 1	ar W	re						3 hours
	resulting in death)	DUE TO	OR AS A CON	SEGGENCE OF	D. V.	7.5						2,4044.7
_	822	V	0	- 1								11 4100 V
ố l	Sequentielly list conditions,		OR AS A CON									1 Nee
E I	if any, leeding to immediate cause. Enter UNDERLYING	sine to	OH AS A COR	REGUENCE OF								
⊴	CAUSE (Disease or injury											
<u> </u>	that initiated events	DUE TO	OR AS A CON	SEQUENCE OF	31							
CERTIFICATION	resulting in deeth) LAST											
5		1,										
7	PART IL Other aignificent conditions		deeth but no	t reculting i	n the und	erlying	ceuse g	iven in i	Part I. 24a. WAS AN			ERE AUTOPSY FINDINGS
<u> </u>	Dementia Se	on open	mul mul	hillo	CALL	ς			PERFOR			VAILABLE PRIOR TO OMPLETION OF CAUSE
EDICAL		1000	10 1	- IMAG	UVA	-			1 YES 2	100		F DEATH?
Σ				A					_	(\	1	☐ YES 2 NO
z I	DID TOBACCO USE CONTR	IBUTE TO CA	USE OF DI	EATH YE	S IN	0 🗆	UNC	ERTAIN	. 🗆			• • •
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. Pt	ACE OF DEAT	H (Check on	ly one)						
	EXAMINER?	NOSPITAL:	ED/Outrette-4		OTHER:		-					
<u>۲</u>	27. MANNER OF DEATH	1						aldence (B Other (Specify)			
	1 Natural 5 Pending	28e. DATE OF (Month, De		28b, TIMI	URY 2	Bc. INJU WOR	RY AT IK?		28d. DESCRIBE HOW IN	JURY OC	CURED	
ž	Accident Investigation				М	1 YI	ES 2 🗌	NO				
	3 Suicide 8 Could not be	28e. PLACE Of	INJURY — At	home, farm, a	treet, fector	y, office			28f. LOCATION (Street a	nd Number	or Rural Rou	rte Number,
COMPLETED	4 Homicide datermined	Suitality,	ate. (opocity)						City or Town, State)			
4	29a, CERTIFIER	100-400-700-					-					
Ž									to the cause(s) and men			
5	2 MEDICAL EXAMINER	: On the beels of ex	amination and/	or investigation	n, in my opi	nion, de	ath occure	d at the t	ime, data and place, and	dua to th	ne cause(e) e	nd manner as stated.
- 11	29b. SIGNATURE AND THILE OF GERTIFIER						29c. LICE	100 1111				
片	iff live	al F	1/				1	212	BEH	29d. DAT	E SIGNED (M	lonth Day, Year)
5		2, "					V 7	071.			- 21-	17
- 1	30. NAME AND ADDRESS OF PERSON WHO		E OF DEATH (I	ТЕМ 27) (Туре,	Print)	. 1	0 0		0 4 : :			
- 1		10001 / 1/1	0 00	1 h 1 h 1 d . l .	LIL	1/2/	CV CY	AHY	W/ - CPALIA	C11: 1	1 400	1 - 21 22
- 1	ENNIQUE B. OLI	JARES, M	-11 _ [K	DENINA	I ULL	11 0	71, LA	CNIL	VKII IVIV	DHILL	VE	MD 11041
	31. DATE FILED (Month, Day, Year)				1 44	no.	21. U	ENIE	OR-CROWN) IVC	14	MD 21032
	31. DATE FILED (Month, Day, Year) FFR 05 1997	32 AFGISTING			1 44	nv.	21. V	ENIE	OKU MIV	2010	14	MD 2103C

Pleas

e Type or Print in	Black Indelible Ink. Assure	All Coples Are Le	egible.	
State of Maryla	and / Department of Health and Certificate of Death	Mental Hygiene	97	05207
Last)		2. Date of Deeth Month Dey	Year	3. Time of Death
Magnetti		February 1.	1997	2:01 AM

Physician /Medical **Examiner** 1. Decedent's Name (First, Middle, I

Physician /Medical Examiner

Baltimore, Maryland 21215-0020

Box 68760,

P.O.

Records,

Division of Vital

ician and burief-transit The law requires that the death certificate be axecuted physician s the burie 98 USB paga 2 should or Attanding Physician: funerel hours efter death. filled in by 24 hours e Hospital completely To the I State

Charles Orison 4b. City, Town, or Location of Death 4c. County of Death 4a. Facility Name (If not institution, give street and number) Doctors Community Hospital Prince Georges Lanham If Under 1 Yeer If Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Day, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Days 1⊠M 2□ F Yrs. 89 Director 140-01-1864 Jan. 5, 1908 New Jersey Usual Residence of Decedent permit. Peges 1 and 2 should be filed within 72 hours after death with the Marylen Department of Heelth end Mentel Hygiena. Important: If item 27 is marked other than "natural", or items 23s or 28s-1 show any Injury or other traumatic event, the Modical Examination at Local and Single. with the Marylend 10a. Stete 10c. City, Town or Location 10b. County 10d. Insida City Limits 1X Yes 2 □ No Directo Prince George's College Park 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? 9103 49th Avenue 20740 U.S.A. Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, 11. Maritel Stetus Black, White, etc. 1 ☐ Never Married 2 Married 1 ☐ Yes 2 No Specify: by Specify: White 3 ☐ Widowed 4 ☐ Divorced Year or Dates Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Coilege (1-4or 5+) 5+ Elemantary/Secondary (0-12) Lawyer Federal Government 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be Maria Cardani Carlo Magnetti 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Coda) Helen W. Magnetti - Spouse 9103 49th Avenue, College Park, Maryland 20740 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Othar (Specify) Gate of Heaven Cemetery 02/04/97 Silver Spring, MD 22. Name and Address of Fecility
Francis Gasch's Sons Funeral Home, P.A. 21. Signature of Funeral Servica Licensee J. B. Gersin 4739 Baltimore Avenue, Hyattsville, MD 20781 23a. Part1. Enter the disease, or complications that caused the death. Do not antar tha moda of dying, such es cardlac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset and Deeth Immediata Cause (Final disease or condition resulting in death) 1 Day neuncia Dua to (or as a consequence of): Physician/Medical Examiner Sequentially list conditions, if eny, leading to immediate causa. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Part Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown ashin som sun Delreghration ð 24e. Was an eutopsy performed? 24b. Ware eutopsy findings evallable prior to completion of cause of death? Completed 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Was case rafarred to medical examiner? 26. Placa of Daath (Check only one) Hospital: 1 ☐ Inpatient 2 DER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Natural 5 Pending 1 Yas 2 No investigation 2 Accident 6 Could not be datarminad 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 4 Homlcide 1 Certifying Physician: To the best of my knowledga, daath occurred at tha tima, date and place, and due to tha cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the causa(s) end manner stated. 29a. Certifian edical (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signeture end title of certifier 29c. License number Javid Dunit, oro 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

David Branite, on 115 Centerway green be 1, on 20770

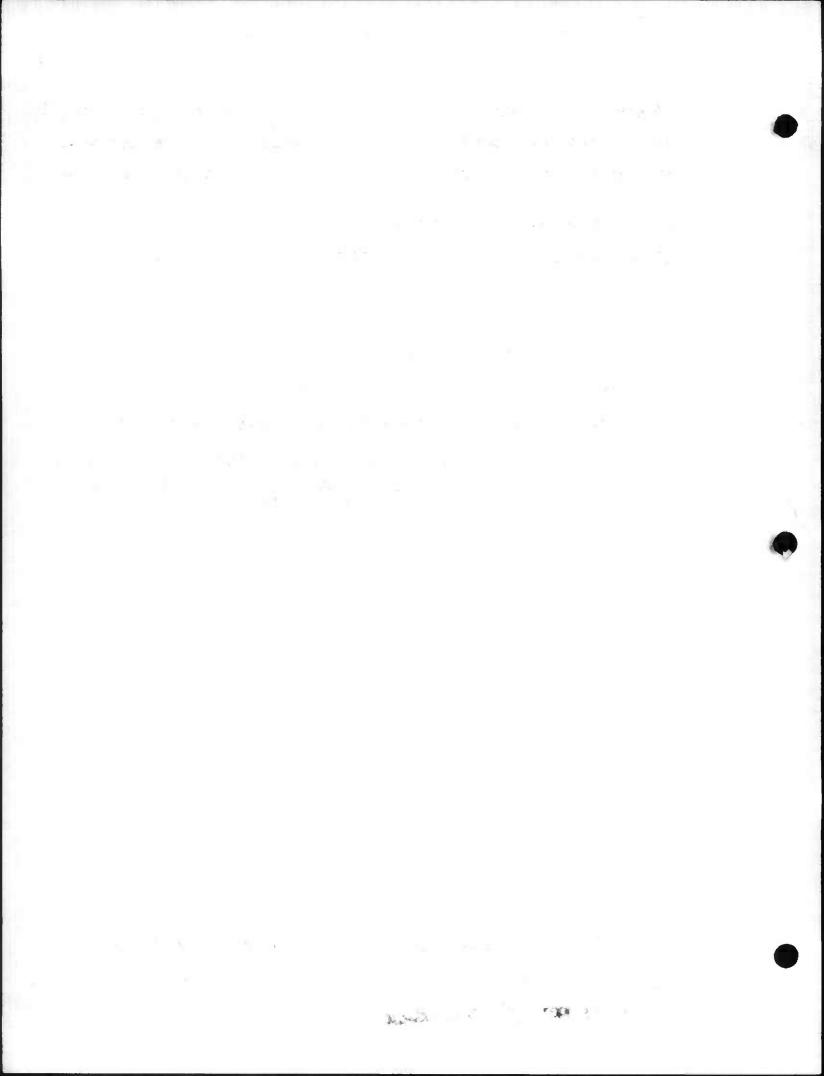
Registrar

31. Dete filed (Month, Day, Year)

FEB 05 1997

32 Registrar's Signatura

Jaka Studen Radall



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Pau1 Marker January 30, 1997 7:10 am 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death 11428 Rowley Road Clarksville Howard If Undar 1 Year Months Days 6. Sex 1. M 2□ F If Under 24 Hrs. Hours Min. 5. Social Sacurity Number 7. Aga (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthplaca (Stata or Foreign Country) Months Yrs 214-28-4393 65 Feb. 16, 1931 Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 X Yes 2 No Howard Clarksville 10e. Street and Number 10f. Zin Code 10g, Citizen of What Country? 11428 Rowley Road 21029 U.S.A. Was Decedant Evar in U,S. Armed Forces? 11. Marital Status Was Decedent of Hispanic Orlgin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, etc. 1 ⊠ Yes 2 □ No If Yes, Give Year or Dates: 1948-51 1 Nevar Married 2 N Married 1 ☐ Yes 2 No Specify: White 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working iife. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Builder Construction Industry 10 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Sumeme) Ernest Marker Viola Marks 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Gladys L. Marker - Wife 11428 Rowley Road, Clarksville, Maryland 21029 20b. Place of Disposition (Nema of cematery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Fort Lincoln Cemetery 02/03/97 Brentwood, Maryland 21. Signature of Funeral Service Licensee 22. Name and Addrass of Facility Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, MD 20781 erser 23a. Part1. Enter the disaase, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death SCHEMIC HEART DISEASE Immediata Cause (Final disease or condition resulting in death) Due to (or as a consequence of) Sequentially list conditions, if any, leading to immadiate cause. Enter Undarlying Cause (Disease or Injury Due to (or as a consequence of): that initiated events resulting in daath) Last Due to (or as a consequence of) Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? 1 Yes 2 5 1 □ Yas 2 □ No 25. Was cese referred to medicel examiner? 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) 1 Yas 2 No 27. Manner of Death 28a. Date of injury (Month, Dey Year) 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending Investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 8 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Steta) Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ HomicIde Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29a. Certifier (Check only one) 29c. License number 29d. Date signed (Month, Dey, Year) January 30, 1997 mpleted ceuse of death (Item 23a) (Type, Print)

Within 2

Physician

/Medicai

Examiner

Euneral

Director

than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

"natural", or

permit. Pages 1 and 2 should be filled within 72 l Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natu any injury or other traumatic event, the Medical ping.

Physician

/Medical Examiner

physician end the bunal-transit

attending p for use es 98

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page 2 has

this funeral

After

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Hospital 24 hours

2

filled in

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that the death cartificate be executed

The law requires should

Box 68760.

P.O.

Records,

of Vital Physician:

Division or Attending Physician/Medical Examiner

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Completed

Be

Certification: To

Director

Funeral

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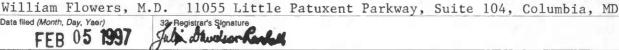
Completed

the Maryland

72 hours after

Baltimore, Maryland 21215-0020

31. Data filed (Month, Day, Yaer) FEB 05 1997



Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended # 16a. P.G.C. 2-4-97 cr Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Dev **Physician** Month ETHEL MAKELL FEBRUARY 1, 1997 2:25 pm /Medical 4e. Fecility Neme (If not institution, give straet end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner GARRETT COUNTY GARRETT COUNTY MEMORIAL HOSPITAL OAKLAND if Under 1 Year 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) If Under 24 Hrs Birthpiece (State or Foreign Country) **Funeral** Deys Months Hours 1□M 2□F 90 Yrs. **Director** 577-03-0826 FEB. 21, 1906 WASHINGTON D.C. Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show must be notified at Director 1 No 2 No WASHINGTON, D.C. 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? UNITED STATES OF AMERICA 20011 Неття 23а Funeral 4119 8th ST NW death 12. Wes Decedent Ever in U,S. Armed Forces? 11. Maritel Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) Rece - American Indian, Black, White, etc. The Medical Examiner filed within 72 hours after 1 Yes 2 No tf Yes, Give Yeer or Detes: 1 Never Married 2 Merried 21215-0020 6 þ 1 ☐ Yes 2 ☐ No Specify: 3 ☐ Widowed 4 ☐ Divorcad Specify: BLACK natural Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) al Hygiene. Elementery/Secondary (0-12) Coltege (1-4or 5+) GOVERNMENT MESSANCER **MESSENGER** 12th Grade traumatic svent, Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) mit. Pages 1 and 2 should be fili partment of Health and Mental Hy portant: If item 27 Is marked oth y Injury or other traumatic sven Be ELL ABETH (UNKNOWN) UNKNOWN 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) NAOMI NEWMAN (SISTER in LAW) 31 SEATON PLACE N.W. WASHINGTON, D.C. 20001 20b. Pieca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State Dete Burlel 2 Cremetion 3 Removel from State 2/7/97 permit. Page Department of Important: If any Injury or once. MOUNT OLIVET CEMETERY 5 ☐ Other (Specify) WASHINGTON, D.C. 21. Signature of Funeral Service License 22. Name end Address of Fecility 716 KENNEDY ST NW JOHNSON & JENKINS FUNERAL HOME WDC 20011 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, bck, or heart failure. List only one cause on each line. Approximate Intervet Betw end Deeth **Physician** /Medical Immediete Cause (Fine) 1.5 years diseese or condition resulting In death) neoplasm right lower abdomen **Examiner** Due to (or es e consequenca of): Examiner The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or trijury that initiated events resulting in deeth) Lest and Due to (or es e consequença of): Box 68760, attending physician for use es the buna Physician/Medical Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown undifferentiated schizophrenia; dementia by Completed 24b. Were autopsy findings evalleble prior to completion of cause of deeth? 24e. Wes an autopsy performed? certificate 1 ☐ Yes 2 ☐ No Attending Physician: Be 25. Was case referred to medical 26. Piece of Deeth (Check only one) exeminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 20 No Inpatient 1 Yes 2 ER/Outpetient 3 DOA this furneral 28a. Date of tnjury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury et Work? Alte 1 Neturei 5 Pending death. 1 TYes 2 TNo 2 Accident investigation or Attend after death Director: 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Sulcide Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) B 4 Homicide

P.0.

Division of Vital Records,

To the Hospital within 24 hours a To the Funeral C completely Illed

State Registrar

Medicai

29e. Certifier

29b. Signatury and title of certifier

30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

percertifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the cause(s) and manner es steted.

| Medical Examinar: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and pleca, and due to the cause(s) and manner stated. 29c. License number

D26650

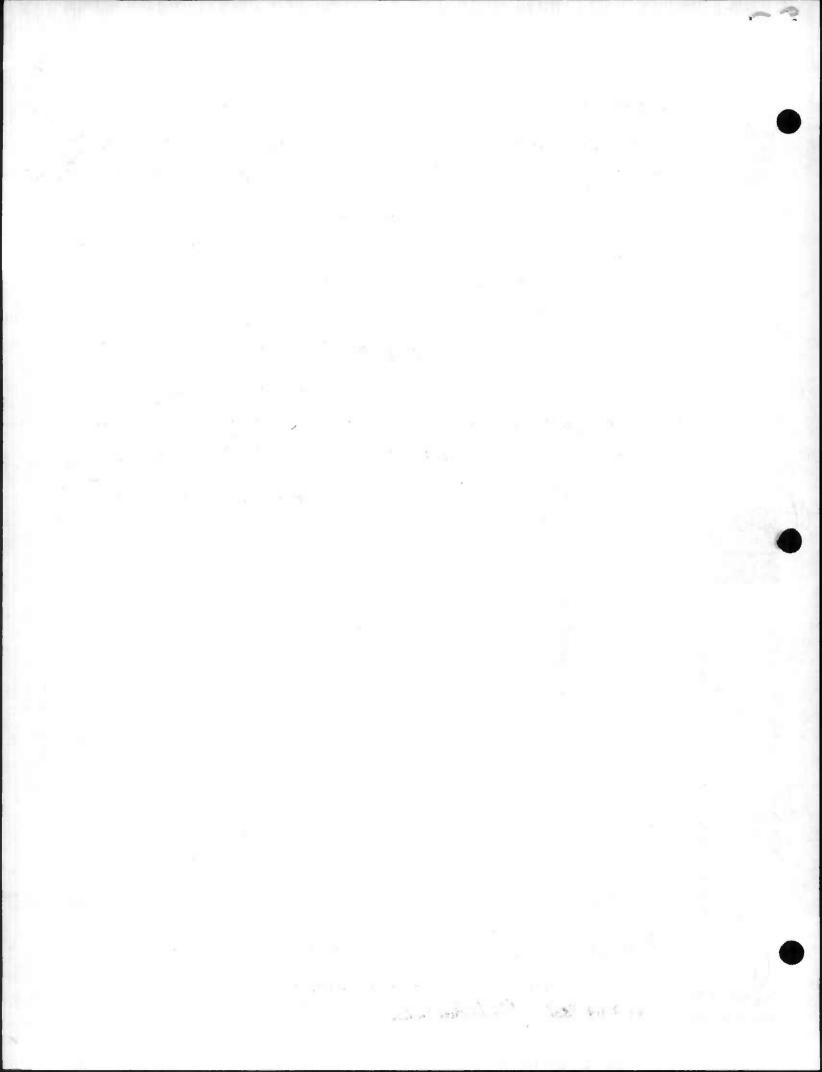
29d. Dete signed (Month, Dev. Year)

2/1/97

Margaret Kaiser, M.D.; P.O.Box 486; Oakland, Md 21550 31. Dete filed (Month, Dey, Year)

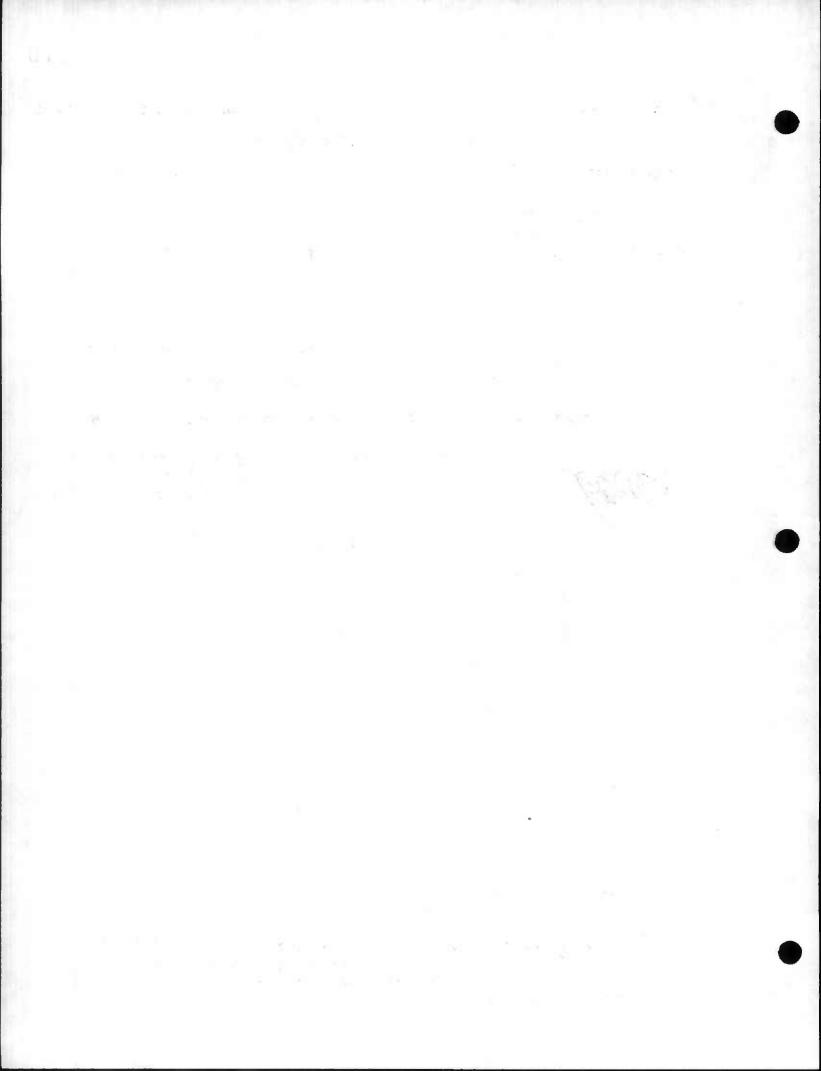
FEB 04 1997

32 Registrer's Signeture



State of Maryland / Department of Health and Mental Hygiene 0.7

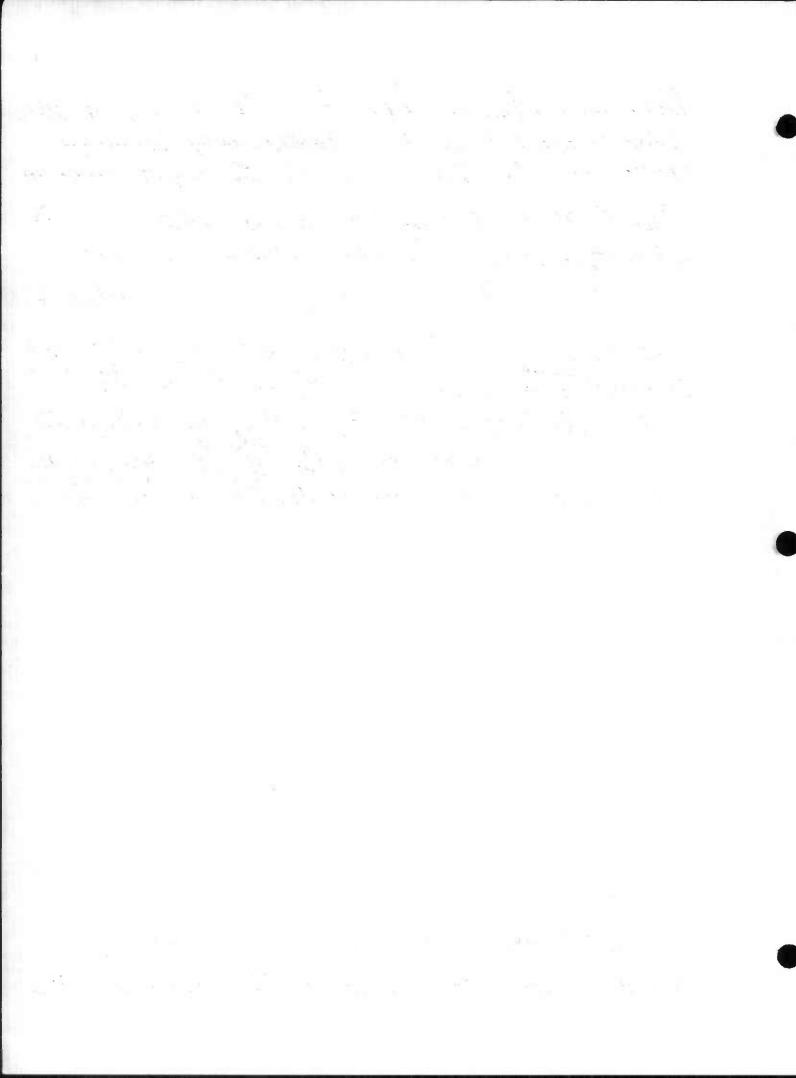
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/Medic Examin		Anna Neva		e street end number)			4b. City, Town, or Lo		ary 3, 19 h 4c. County		:10 AM
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tat.			. County		10c. City,	Town or Lo	ocation					nside City Limit
Sa-f	cto	MD. E	BALTIM	ORE	B	ALTI	MORE				1	☐ Yes 2 N
23a or 2	al Director	3218 Grac					10f. Zip Code 212	1 9		10g. Citizen of USA.		
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netur Neal	Completed	15.	Decedent's Ed	lucetion de completed)		16e. Dece	dent's Usual Occup	petion	ina	16b. Kind of B	usiness/Industry	
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9 5 9		19e. Informent's Name/F			710			t and Number or Rura				9)
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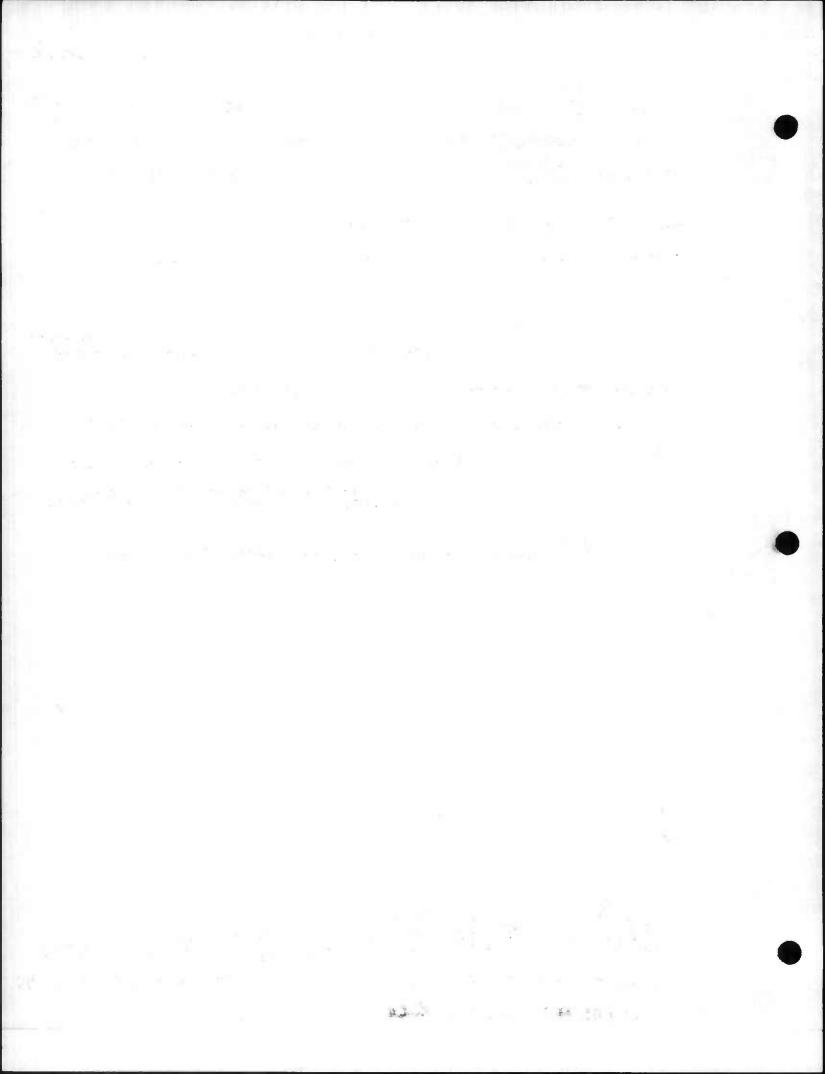
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Physic	ian	1. Decedent's Neme (First, Middle, Last)	2. Data of Death Month Day	3. Tima of Death
/Med		MATRICIA /TLICE / VICE	TEB 5, 199	7 4 - AN
Exami	ner	4a. Facility Nama (If not institution, give street and number)	or Location of Deeth 4c. County of	
		561/ /TMERILOR, KD. EDER		BLINE
Funeral		5. Sociel Sacurity Number 6. Sax 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 H Months Deys Hours M	in. 8. Deta of Birth lin. (Month, Dey, Year)	9. Birthplace State or Foreign Country
Director		Usuel Residence of Decedent	DUN, 22, 27	VERGINIA
land w		10a. Stata 10b. County 10c. City, Town or Location		10d. Insida City Limits
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1 the	Director	10e. Street and Number 1 10f. Zip Code	10g. Citizen of Wr	nat Country?
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or he		1 Never Merried 2/1 Married 1 Yas 2/1 No		Whita, atc
Pall.	þ	3 ☐ Widowed 4 ☐ Divorced If Yes, Give Yaar or Detes:	Specify:	VVHITE
s 1 and 2 should be filed within 72 hours after death with the Manyland if Health and Mental Hyglene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Medical Examinations in proteined at	Completed	15. Decedent's Education 16e. Decedent's Usuel Occupation (Specify only highest grade completed) (Give kind of work done during most of w	working 16b. Kind of Bus	nass/Industry
ithin Pen	du	Elementary/Secondary (0-12) College (1-4or 5+) // life. DO NOT use retired)	= D D	Horas
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should nd Mer marks umarkc	5	JESSE RAMMELL NOS	E DNYP	ER
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1 and 2 Health em 27 I		20a. Method of Disposition 20b. Pleca of Disposition (Name b)	8/2/6/53 Pate 9/20c. Location - C	DISOP
00-		1 Buriel 2 Cremation 3 Removel from State camatary, crematory or other place)	4- Pate - 9 720c. Location - C	ny or Town, Stata
mit. Pages 1 a partment of Her portant: If Nem y Injury or othe Ca.		4 Donetion 5 Other (Specify) CAMBRIDGE CRE	M. LAMBR	
permit. Pages 1 and Department of Health Important: If Item 27 any Injury or other to once.		21. Signature of Funerel Sarvica Licansee 22. Name end Address of Facility	FRAMPTOM-HAW	
20244		michael T. Cskow 216N /MAI	NST FEDER	ALSBURG
		23a. Pert1. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such as card shock, or heart feilure. List only one cause on each line.	fiec or raspiratory arrest,	Approximete Interval Between
Physician /Medical		Immediate Cause (Final	1	Onsat and Deeth
Examiner		disease or condition resulting in death) e. Chronic obstructive pu	Imonary disea.	rei Years
	-	Due to (or es a consequence of):		
uted d ansit	Examiner	Sequentially list conditions. Due to (or as a consequence of):		
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5 O 6	Medical	resulting In death) Lest		
death cer e attendin		d		
the dear	Physician	Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.	23b. Did tobacco uee cont	ributa to the cause of death?
requires that the de seen signed by the a should be detached to	F.		1 ☐ Yes 2 ☐ No 3	Probably 4 Unknown
he law requires the law requires the law been signed age 2 should be considered.	Ď			
v raquire been si should	ted		24a. Was en eutopsy performed?	24b. Were autopsy findings available prior to
2 S W	ple			completion of causa of death?
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ng P ther	on	27. Menner of Death 1 Naturel 5 □ Panding 28a. Dete of Injury (Month, Dey Year) 28b. Time of Injury Work? 28c. Injury at Work?	28d. Describe how injury occurred	1
or Attending after death. Director: After d in by the fune	cat	2 Accident Investigation M 1 Yes 2 No		
or Attend after death Director: / d in by tha	Certification:	determined determined determined determined determined determined determined determined determined determined	28f. Location (Street end Number City or Town, State)	or Rural Route Number,
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To the To the comple	Me	29b. Signeture and title of cartifier (/ /	29d, Dete signed	(Month, Day, Year)
F ≱ F ŏ		D 7244 M.D. D47534	2/5	100
i			4/3	71
		30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)	ST, DENT	ON/ 11.
	10	31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture	>11, DENI	UNY IND
Sta Registi	_	FFB - 5 97 Julia Davidson-Bandale	/	



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State of Maryland / Department of Health and Mental Hygiene

						Cei	tificate	e of	Death			Reg. No.		
	Physic /Medi		1. Decedent's Neme (First, Middle, I		IRN						2. Dete of De Month		Year 1997	3. Time of Deeth 01:25 AM
	Examii			MMUNIT			If Under 1	1 Yeer	LAN	HAN	cation of Deet	4c. County PRINC	of Deeth	- 4
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	Ba-f show	Director	10e. Stete 10b. County Maryland Prince	George's		Town or Lo r Mar							1	0d. Inside City Limits 1 ☐ Yes 2 ☐ No
	ath with th		10e. Street end Number 13011 Payton Driv	т -			10f. Zip (10g. Citizen of 1	Whet Cour	try?
020	s 1 and 2 should be filed within 72 hours after death with the Maryland I Health and Mentel Hygiene. Item 27 is marked other than "natural", or items 23s or 28=4 show other traumatic event, its Medical Exerciter is at the notified at	by Funeral	11. Marital Stetus 1 □ Never Married 2 □ Merried 3 □ Widowed 4 █ Divorced	12. Wes Decede Armed Force 1 Yes 2 If Yes, Give Year or Dete	es? No	I	Vas Decede Ves, speci I ☐ Yes 2	fy Cut	en, Mexicar	n, Puerto I	cify Yes or No Rican, etc.)	Ble	e - Americ ck, White, $^{\prime :} ext{B1ac}$	etc.
21215-0020	within 72 hc ene. then *natur	Completed	15. Decedent's (Specify only highest g Elementery/Secondery (0-12)	Education rade completed) College (1-4-	or 5+)		lent's Usuel kind of work DO NOT use istra		petion during mos	t of workin	ng	16b. Kind of B		Monetary
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Balti	permit. Pag Department Important: If any Injury o		21. Signature of Fundral Service Lice		/ nariii	22		Addr	ess of Fecilit	ty		Landove		
			23a. Pert1. Enter the disease, or conshock, or heert failure. List only	nplicetions thet cau y one ceuse on eec	settine deeth. th line.	Do not ente	739 Barthe mode	alt of dy	imore Ing, such es	Aver cardiec o	r respiretory a	ral Homattsvil	le Md	. 20781 Approximete Intervel Between Onset end Deeth
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Vital	Physician: this certific ral director,	Be	25. Was case referred to medical examiner?	Hospitali				10		of Deeth	(Check only	one)		
of	500	ို	1 Yes 2 No	Hospital: 1 □ Inp	_	?/Outpatien		4				denca 6 □Oth		1)
Division	After fune	Certification:	27. Manner of Death 1 Neturel 5 Pending 2 Accident Investigeti 3 Suicide 6 Could not	on	Injury Dey Year)	Bb. Time of Injury	M 28	lc. Inju Wo 1	ryet rk?]Yes 2□		28d. Describe	how Injury occur	red	
Divi	= 2 to 0	Certifi	3 ☐ Suicide 6 ☐ Could not determine	28e. Piece of	Injury - At hom, , etc. (Specify)	e, farm, stre	et, fectory,	office		2	28f. Location (City or To	Street end Numb wn, Stete)	er or Aure	il Route Number,
	the Hospital ne 24 hours e the Funeral E	fedical	(Check only one) 2 Medical Exa	hysician: To the be minar: On the basis end manner	s of exemination							dete end plece,	end due to	the cause(s)
)	A	2	29c. Signature for uniting of certifier	ugy	Mely	12/	PEP	UT	number MED 339	icac 54	examin	29d. Dete signe		
3	(XZ)		30. Name and address of person who	W JR.	MD	3001		PIT	al P	RIVE	CHE	KERLY N	ARY	03,1797 LAND 20785
	Sta Registr	808	31. Dete filed (Month, Dèy, Year) FFB 05 195	7 July	istrer's Signetur	Robe	<u> </u>				,			



State of Maryland / Department of Health and Mental Hygiene 97 05213

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State of Maryland / Department of Health and Mental Hygiene 97 05214

Physician /Medical Examiner				Certificate of	Dealli	Re	g. No.	
/Medical		. Decedent's Name (First, Middle, Last)				2. Date of Death Month		3. Time of Dea
Evaminer	ı.	Ruth Dorothy Olson				February	*	9:06 pm
Examinie		a. Facility Neme (If not Institution, give street end number)			4b. City, Town, or Lo	cation of Deeth	4c. County of	Deeth
		Physicians Memorial Hospi	tal		LaPlata		Charles	
Funeral Director		579-07-9420 1 M 201 F	ge (In yrs. last bii 38	rthday) If Under 1 Year Yrs. Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day, SEPT. 3,	Year) 9	Birthplece (State or For Country)
B .	-	Jsual Residence of Decedent 0e. State 10b. County	10c. City, Tow	m or Location				404 1-14-05-14
23a or 28a-f show								10d. Inside City LI
or 28a-f s	2	MARYLAND CHARLES	BH	RYANS ROAD				1 ☐ Yes 2 X
or 2	5	0e. Street and Number		10f. Zip Code		10	g. Citizen of Wha	at Country?
230		2801 AMHERST COURT		20	616		UNITED	STATES
"natural", or items 23s or 28s-f show soical Examinational be notified at letted by Funeral Director		1. Maritel Status 12. Wes Decedent Armed Forces? 1 □ Never Married 2 □ Married 1 □ Yes 2 🚮	Ever in U,S.	13. Was Decedent of If Yes, specify Cut	Hispanic Origin? (Spe oan, Mexican, Puerto	cify Yes or No- Ricen, etc.)		Americen Indien, White, etc.
2 7			No	1 □ Yes 2 X No	Specify:		Specify:	
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ygiene. Nor than "natural", It, the Medical Exa. Completed by		15. Decedent's Education (Specify only highest grade completed)	16a.	. Decedent's Usual Occu	pation	na 1	6b. Kind of Busin	ness/Industry
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giene. Fr than	5	12 0		HOUSEWI	FE		OWN HO	ME
I 5 5 1 4		7. Father's Name (First, Middle, Last)			18. Mother's Name	(First, Middle, N		
Mental of arked of artic eve	5	BENJAMIN F. THOMPSON			HILDA	GR	ANQUIST	
		9e. Informant's Name/Reletionship (Type, Print)	19b	o. Mailing Address (Stree	t and Number or Rura			ete, Zip Code)
tra tra		ARRY W. OLSON - SON		55 CHEYENNE				
PES	-	0a. Method of Disposition	20b. Place of	f Disposition (Name of			Oc. Location - Cit	
2 7 9		Burial 2 Cremation 3 Removal from State	cemete	ry, crematory or other pla				
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Department Important: any Injury once.	li	Signature of Fundah Septica Licensee		22. Name and Addre	ess of Facility	ME THE		
6 5 2 6.	1	MARK G. BROHAWN MOODS		D O DOY 15	FUNERAL H	JME, INC	•	
	-	23a. Pert1. Enter the diseese, or complications that caused shock, or heart failure. List only one cause on each lin		P.O.BOX 15	6, WALDURI	, MAKYL	AND 2060	Approximate
nding physician end use as the bunal-transit		eny, leading to immediate euse. Enter Underlying euse (Disease or Injury	alt	consequence of):	Lure			
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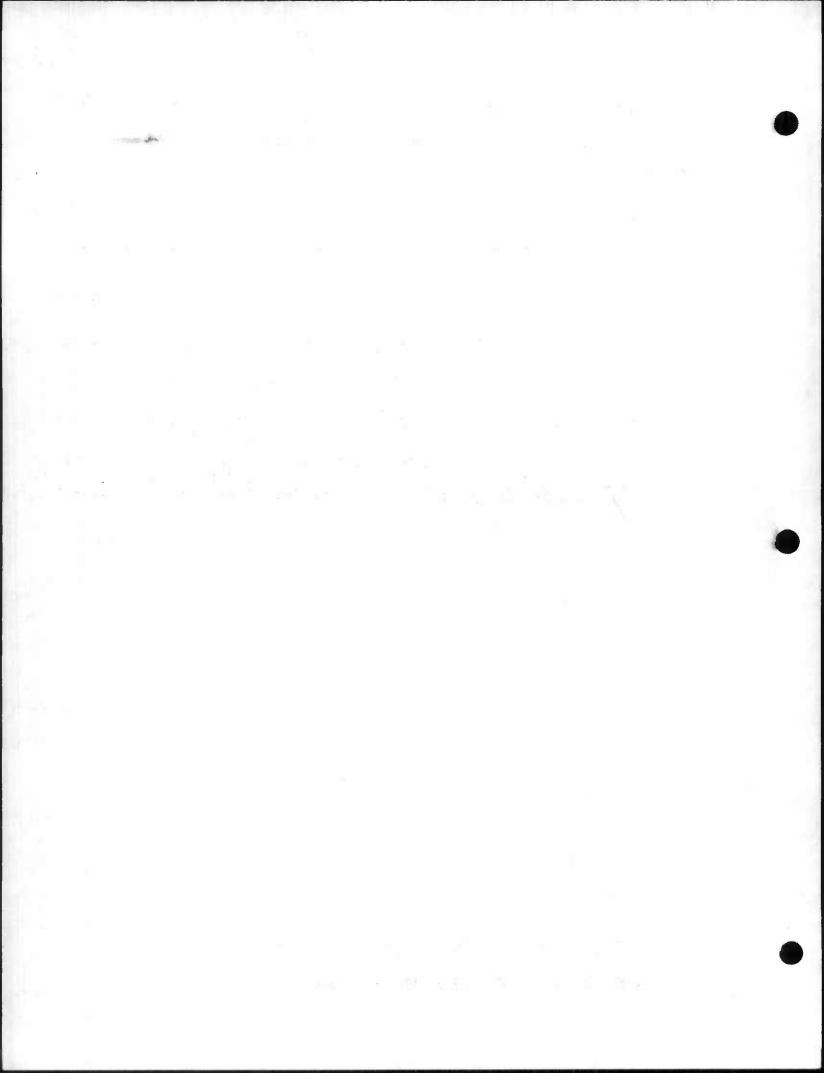
				State of Ma		Department of Certificate of			giene g	05215
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	Physici /Medi		Goldie	М.	P	rince		Month Feb	Dey 3	97 12:35 au
3	Examir		4e. Fscility Neme (If not institution, give s	treet and number)			4b. City, Town, or L	ocation of Death	4c. County	
	Funeral Director		5. Sociel Security Number 6. Sex 10 Usual Residence of Decedent		(In yrs. last birt			8. Dete of Birth Month, Day Jan 10	12 Year) 1919	9. Birthplaca (State or Foreign Country) Virginia
	yland		10e. Stete 10b. County		10c. City, Town	or Location				10d. Inside City Limits
	e Mar	ctor	Maryland Baltir	more	Ca	tonsville				1 ☐ Yes 2 No
	15 or 25	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of V	
	ath w		709 Maiden Choice 1			2122				d States
21215-0020	J within 72 hours effer death with the Maryland jiene. r than "natural", or items 23a or 28a-f show fre Medical Examiner must be notified	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Vidowed 4 Divorced	2. Wes Decedent Ev Armed Forces? 1 ☐ Yes 2 No If Yes, Give Yeer or Dates:		13. Wes Decedent of If Yes, specify Cul		ecify Yes or No- Rican, etc.)	14. Rec Bled Specify	e - American Indien, ck, White, etc. White
2-0	72 ho	ted	15. Decadent's Educ		16a.	Decedent's Usual Occu (Give kind of work done	upation	lac	16b. Kind of Bu	usiness/industry
121	5 9	Completed	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4or 5+)	life. DO NOT use retir	ed)	ung		
	e filed with il Hygiene. other than		11			Secretary	T			ty Service
anc	a a b	Be	17. Father's Neme (First, Middle, Last)				18. Mother's Nam			10)
Maryland	s 1 and 2 should b if Health and Ments Item 27 Is marked other traumatic e	70	Harrison B. Cregger 19e. Informent's Neme/Reletionship (Type		19h	Meiling Address (Stree		McClel		State 7in Code)
Z	2 2 2		Peggy P. Maynes/Dat			22 Nobel Ci				21042
re,	s 1 and if Health Item 27 lother tra		20a. Method of Disposition			Disposition (Neme of y, cremetory or other pl		Date		City or Town, State
E	Pages nent of It ant: If Ite ury or of		1 XBuriel 2 ☐ Cremetion 3 ☐ Re 4 ☐ Donstion 5 ☐ Other (Specify)	emovel from Stete		awn Cemeter		-5-97	Rockvil	lle, Maryland
Baltimore,	교원관등 .		21. Signeture of Funeral Service License	θ ,			ress of Fecility Witzke Fu		_	
œ	Depa Impo		Show a coll	ins-Wite	ko					City, MD 21043
	1		23a. Part1. Enter the diseese, or complice shock, or heart feilure. List only on	cations thet caused the	e deeth. Do n	ot enter the mode of dy	ring, such es cardlec	or respiratory en	rest,	Approximate Interval Between
а	Physician		Shook, of hooft foliate. List only on	0 00030 OH 000H INIO						Onset and Death
И	/Medical Examiner		Immediate Ceuse (Finel diseese or condition	Co	naest	tive He	art Da	ilure		Years
В	LAGITITICI	_	resulting in death) e	D	ue to (or ss s c	onsequence of):				Years Years
	pet lisit	nine	_ b	Cor	onar	tive He onsequence of): Arte	ery d	seus-	e	Jears
	ate be executed nysician end the buriel-trensit	Examiner	Sequentially list conditions, if sny, leading to immediate cause. Enter Underlying	D	ue to (or es a c	onsequence of):				
3760,	ysiciar ysiciar	cal	Cause (Disease or injury that Initiated events		un to for on a	oneoguanoo offi				
99	g phy es th		resulting In death) Lest	U	3 8 8 10) OI 95	onsequence of):				
Box	attending pl	N/UE	d.							
	requires that the deeth certifica seen signed by the attending ph should be detached for use as the	Physician/Med	Pert Ii. Other significant conditions conf	ributing to death but	not resulting in	the underlying cause g	jiven in Part I.	23b. Dld to	obacco use co	ntribute to the cause of desth?
P.O.	at the	Phy	Diabetes	Ma 11: 4				101	08 20 No	3 ☐ Probably 4 ☐ Unknown
	signe b ed l	by	01400101	(16/11/				Feet 17 and 17 a		I
Records,	v require been si should	Completed						24e. Wss e perfor	med?	24b. Were sutopsy findings svallable prior to completion of cause
3ec	The law ate has t page 2 s	mpl								of death?
a			W				· · · · · · · · · · · · · · · · · · ·	1 U Y		1 ☐ Yes 2 ☐ Mo
Vitai		o Be	25. Wes case referred to medical examiner? 1 Yes 2 No	ospitel:	۵۵.	0 501 0	ther:			
o	r this	-	27. Menher of Deeth	1 ☐ Inpatient 28a. Date of Injury	28b. T			ome 5 Resid		
lo	offing ith.	atio	1 ☑ Neturel 5 ☐ Pending 2 ☐ Accident investigation	(Month, Dey	<i>Year)</i> In		ork? ☐ Yes 2 ☐ No			
Division	To the Hospital or Attending i within 24 hours after death. To the Funeral Director: After completely filled in by the fune	Certification:	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined	28e. Plece of Injury building, etc.	y - At home, fer (Specify)	m, street, fectory, office	•	28f. Location (5 City or Tow		per or Rural Route Number,
	Hospi 24 hou Funer tely fil	edical	Check only 2 Medical Examin	er: On the basis of e	xemination end	deeth occurred at the t Vor Investigetion, in my	time, dete end plece, opinion, death occur	and due to the c red et the time, c	ause(s) end me lete end plece,	enner ss ststed. snd due to the cause(s)
	o the ithin (b the xmple	Med	one) 29b. Signature end title of certifler	end manner state	ю.	29c. Licer	nse number		29d. Dete signed	d (Month, Dey, Year)
	⊬ ≱ ⊨ ŏ			/	H A					
	5		30. Neme and address of person who cor	npleted dause of dea	th (Item 23e) (Type, Print)	3105/		-ebruui	, MD, 21228
			Andres Sala	701	7/1 M	aiden ch	oice lan.	e Bal	timore	MD 2127 Q
1			31. Dete filed (Month, Dev. Year)	32 Benistrar	s Signature	10.00		1 10011	11-1016	1 14660

State Registrar

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State of Maryland / Department of Health and Mental Hygiene Q7 05916

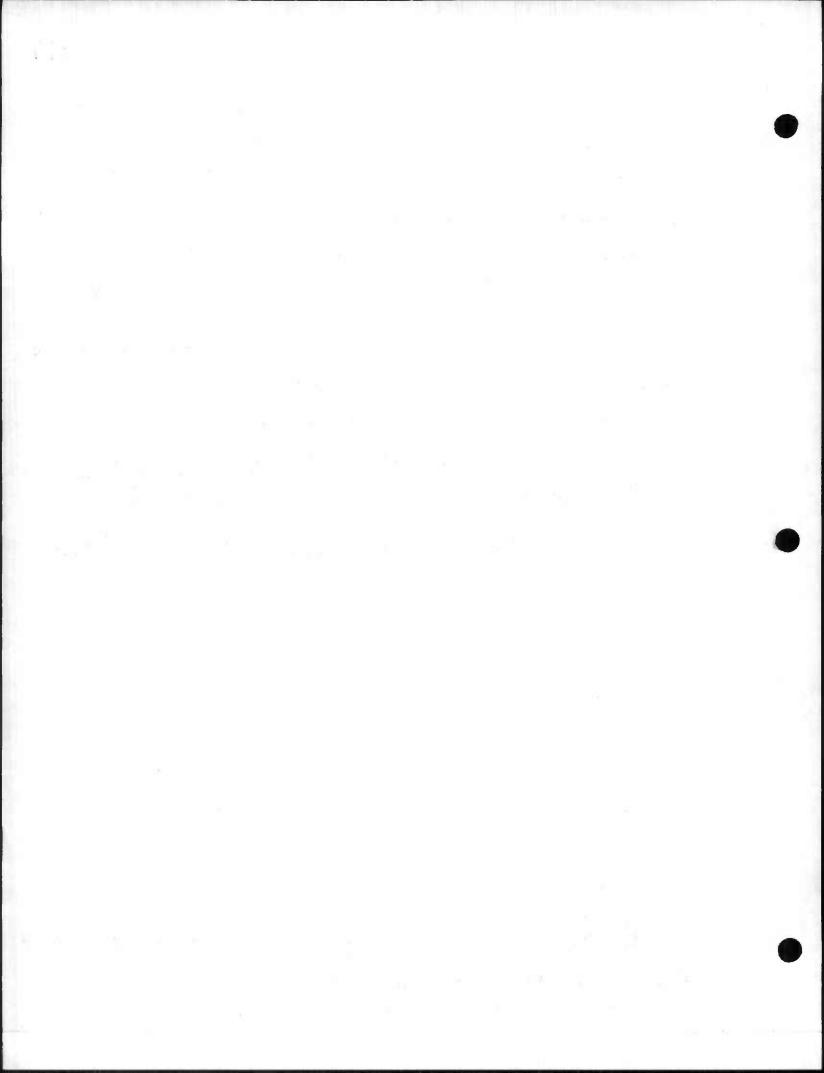
			Certifi	cate of Death		Reg. No.		3210	
Physician	Decedent's Name (First, Middle, Lest)			Month					
/Medical	Janice F. Pierce				Feb 6			21.50	
Examiner	4a. Facility Name (If not institution, give street end number) 4b. City, To			4b. City, Town,	or Location of Deat	h 4c. County	of Death		
HEN.	Physicians Memorial Hopsital LaPlata								
uneral irector						Date of Birth (Month, Day, Yeer) Aay 4, 1945 WashingtonD			
8 m	100 Chate 100 County						Inside City Limits		
be notified.	Maryland Charles Waldorf					1 □ Yes ŽÖNo			
		10	of. Zip Code 20601		10g. Citizen of What Country? United States				
Funeral	11. Marital Status	12. Was Decedent Ever in U Armed Forces?	Decedent Ever in U,S. 13. Was Decedent of Hispanic Orlglif Yes, specify Cuban, Mexican, I		(Specify Yes or No)- 14. Rac	14. Race - American Indian, Black, White, etc.		
Enamin by Fu	3 ☐ Widowed 4 ☒ Divorced	1 ☐ Yes 2 📉 No If Yes, Give Year or Dates:	1□ Yes 2 No Specify:		0.10 1 110011, 0.00.7	Specif			
Completed	15. Decedent's (Specify only highest of	Education rede completed)	16a. Decedent's Usuei Occupa (Give kind of work done do		ation during most of working		16b. Kind of Business/Industry		
lon	Elementery/Secondery (0-12)	College (1-4or 5+)	(Give kind of work done during most of work life. DO NOT use retired) Data Technician			Dept. Of Commerce			
		it)	Data		lame (First, Middle			Jimierce	
To Be	Thomas Forti					atherine Gillison			
						turel Route Number, City or Town, Stete, Zip Code)			
		ene C. Pierce, Jr. 10042 Quiet Brook Lane							
TO	20a. Method of Disposition 1X Buriel 2 □ Cremation 3	20b. I	Piece of Disposition cometery, cremetery	(Neme of Feb	11 patel 99	20c. Location	City or Town,	State	
		Donation 5 Other (Specify) Resurrection Cemetery Clinton, Maryland						ryland	
8	21. Signature of Funeral Service Lio	Lee Funeral Home, Inc 6633							
8500	1	& U. 176/	Old	Alexandria	Ferry	Road	Clinto	on,MD	
	23a. Part1. Enterthe disease, or co shock, or beart failure. List on	polications that carried the deal	Do not enter the	mode of dying, such as card			Apr	proximate	
an	Onset end Deeth								
al er	Immediate Cause (Final disease or condition								
	resulting in death) Due to (or as a conjequence of):								
Examiner	artenoschrone Cardiovasculas Croesa Vesas								
xar	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury								
	Cause (Disease or injury c.								
edical Examir	resulting in death) Last Due to (or es e consequence of):								
clan/Med									
by Physician/	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					23b. Dtd tobacco use contribute to the cause of death?			
Phy	g - mio diradiying vaado giran iii F att i.					1 Yes 2 No 3 Probably 4 Unknown			
by					-				
Completed						24a. Wes en autopsy performed? 24b. Were autopsy fir available prior to		utopsy findinga le prior to	
					1501		comple of death	tion of cause	
Сотр						res 2 No	1 ☐ Yes	s 2 No	
o Be	25. Wes cese referred to medical examiner?			28. Place of C	eeth (Check only o	ne)			
2	1 Yes 2 No	Hospital: 1 ☐ Inpatient 2	ER/Outpatient 3E	DOA Other: 4 Nursing	Home 5 ☐ Resid	dence 6 Oth	er (Specify)		
	27. Manner of Death 1 Solvatural 5 ☐ Pending	28a. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Injury at Work?	28d. Describe I	now injury occur	red		
cat	2 ☐ Accident investigation		M	1 ☐ Yes 2 ☐ No					
Certification:	3 Suicide 6 Could not l 4 Homicide determined	28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)		28f. Location (S City or Tox	28f. Location (Street end Number or Rural Route Number, City or Town, Stete)				
edicai C	29e. Certifler (Check only (Check only (Che								
Medical Certifical	29b. Signature end title of certifier 29c. License number					29d. Date signed (Month, Day, Year)			
	YOU MET ON			- 2 4 10-2		7-7-01			
	30. Name and address of person who completed cause of deeth (Item 23a)			m 00/923			2-1-9-1		
				£ M					
State	31. Date filed (Month, Day, Year)	2068 Crain Hw		f, Maryland					
gistrar	FFB 1 2 19		workand 11						
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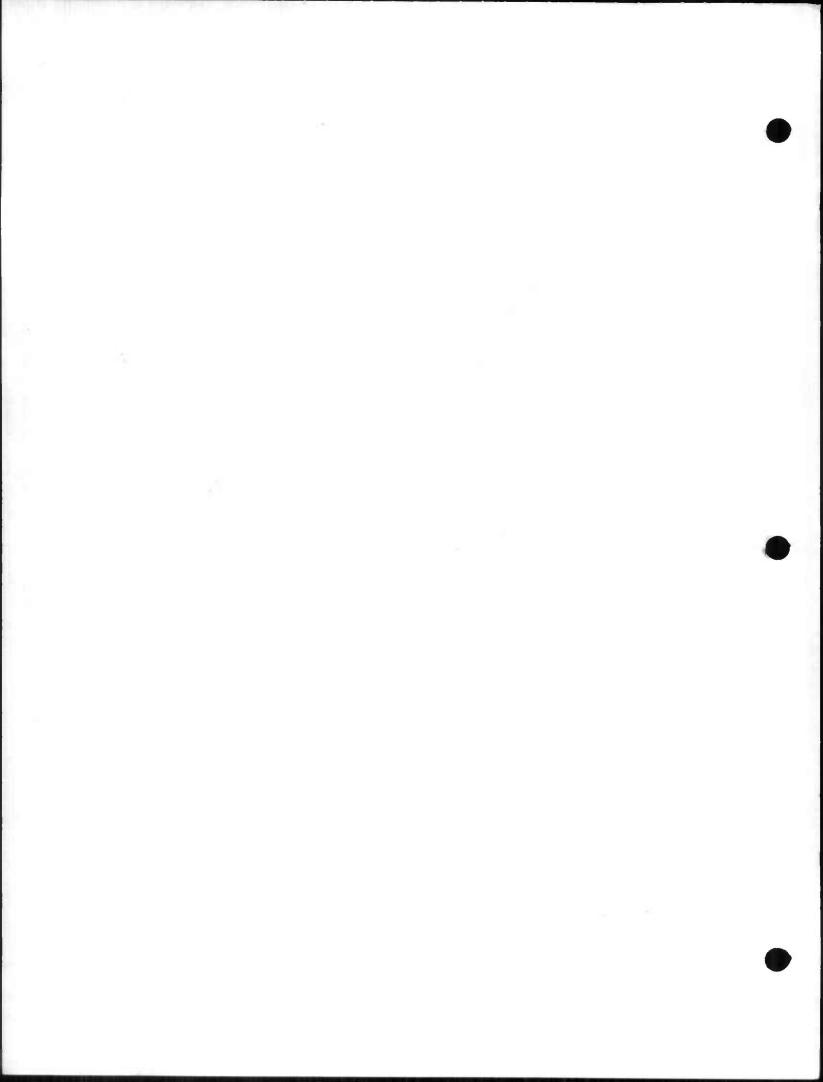
State of Maryland / Department of Health and Mental Hygiene 97

						C	ertificate o	f Death		Reg. No.			
			1. Decedent's Neme (First, Middle	, Last)					2. Dete of D	eath	William	3. Time of	Death
П	Physici /Medi		Margaret Ida P	oole					Feb.	08 1	997	5:30	PM
)	Examir		4e. Facility Neme (If not institution	, give street and nu	ımber)			4b. City, Town,	or Location of Dee				
			2536 Flagmarsh F	Rd.				Mount .	Airy	Carr	011		
Г	Funeral	Г		6. Sex	7. Age (In yrs.	lest birthde	y) If Under 1 Yes Months Day		Hrs. 8. Date of Bi	rth	9. Birthp	plece (Stete or	Foreign
81	Director		214-12-1303 Usuel Residence of Decedent	1□M 2X0F	7	5 Yrs.	monera Day	nouis n	May 29	, 1921		land	
	yland		10a. State 10b. County		10c. Ci	ty, Town or	Location	n 10d. In					y Limits
	Mar Sed	Ş	Maryland Carroll	L	Mou	nt Ai	ry					1 🗆 Yes	2 X No
	th th	ire	10e. Street end Number				10f. Zip Code	Of. Zip Code 10g. Citi				izen of Whet Country?	
	th wi	Funeral Director	2536 Flagmarsh	Rd.			21771	l		United	State	s	
	dea	Iner	11. Maritel Stetus	12. Was Dec	edent Ever in U	I,S. 13	3. Was Decedent of	Hispanic Origin	(Specify Yes or N		ck, White,		
21215-0020	permit. Pages 1 and 2 should be filled within 72 hours after death with the Maryland Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examiner must be notified at ance.	þ	1 ☐ Never Married 2 ☐ Marrie 3 ☐ Widowed 4 ☐ Divorced		2€ No ive		1 □ Yes 2XDAN		201,0 1 110411, 010.,		y: Whi		
5-0	72 h	ete	15. Decedent' (Specify only highest	s Education		16e. Dec	cedent's Usuel Occ ve kind of work don	upetion	working	16b. Kind of B	usiness/in	dustry	
121	ithin	idu	Elementary/Secondary (0-12)	1	1-4or 5+)	life	. DO NOT use reti	red)	woming				
7	led w lygier her th	Completed	12th			Audí	tor			Social		rity A	dmin.
Maryland	id be fi ental H ked out	To Be	17. Fether's Name (First, Middle, L Phillip Schatz	.ast)				Anna M	Neme <i>(First, Middle</i> ueller	a, Meiden Sumer	ne)		
ary	shou and M mer umet	-	19e. informant's Name/Relationsh	lp (Type, Print)		19b. Me	iling Address (Stre	et and Number o	Rural Route Numb	per, City or Town	, State, Zip	Code)	43.
	elth a		Sharon Poole			253	6 Flagman	rsh Rd.	Mount Air	y, MD 2	1771		
ore	of He item		20e. Method of Disposition			Placa of Dis	position (Neme of remetory or other p	(ece)	Dete	20c. Location	- City or To	own, State	
altimore,	Page nent int: If		1 XBuriel 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other (Sp		21616		ve Cemete		Feb. 12,	1997 M	t. Ai	rv	
a	permit. Departrimports any inju		21. Signature of Funeral Servica L	icansee		- 1	22. Name end Add		Burrier-C	4		-	tors
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	/Medicai Examiner		Immediate Cause (Final disease or condition resulting in deeth)	0.	SILL	lu	ig lan	car	(aden	carcin	me)	7m	05
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o`	icate be executed physician and s the buriel-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury		Due to (d	ores a cons	equence of):				1		
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	entificate be executed ding physician and se es the bunel-transit	Med	resulting In deeth) Lest										
Вох			`	d							1		
o.	0 0 2	Physician	Part II. Other significant condition	s contributing to d	eath but not res	ulting In the	underlying cause (given in Part I.	23b. Did	tobacco use co	ntribute to	the cause of	death?
<u> </u>	law requires that the deras been signed by the a		COLD						*	Yes 2□ No	3 Prof	bably 4 U	Inknown
Records,	uires sign	d by							24e Wes	s en autopsy	24b. W	ere autopsy fir	ndinas
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ta	in: Ti	0	25. Wes case referred to medical					OC Disease		Yes 3 No	1	Yes 201	10
5	s cert direct	0 8	exeminer?	Hospital:	inpatient 2	ER/Outpat	ient 3 DOA	Wher	g Home 52 Res		nes /Canail		-
0		T:u	27. Manper of Deeth	28a. Dete	of Injury	28b. Time	of 28c. Inj			how injury occur		y)	
0	tending Pleath. tor: After the funer	atio	Natural 5 Pending 2 Accident investigation		th, Dey Year)	Injury		ork/ ☐Yes 2☐No					
Division of Vital	i or Attendition after death. Director: A in by the fu	Certification:	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homicide determin	and 286. Place	of Injury - At h	ome, farm,	street, fectory, office	9	28f. Location	(Street end Numi wn, Stete)	ber or Rura	Il Route Numb	er,
ā	ital or raf Dir ited in												
	To the Hospital of within 24 hours at To the Funeral Discompletely filled in	edicai	29e. Certifier (Check only one) 1 Certifying 2 Medical E	xaminer: On the b	best of my kno esis of exemine ner steted.	wledge, dea tion end/or	ath occurred et the investigetion, in my	time, dete end ple opinion, death o	ece, and due to the courred at the time,	cause(s) and made end plece,	anner as si end due lo	tated. the cause(s)	
	To the within 2 To the comple	Me	29b. Signeture and title of certifier			-	29c. Licer	nse number	T	29d. Dete signe	d (Month,	Dey, Year)	
1			Mika				D'	26516		FEBRU	ARY	10,10	997
			30 Name and eddress of person w	ho completed caus	se of death (Iten	n 23e) (Typ	e, Print)				-/		
				1475	TAMEY	H	& PLED	MD.	21702				
	Sta	te	31. Dete filed (Month, Day, Yeer)	1007 32/	Registrar's Signa	ture	1 44						
	Registr	ar	LCD I ()	199/ /4	A CURUBLA	produce	all						



BALLIMORE, MARTLAND ZIZIS-0020	I'm 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	it, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 8819	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be testained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

	1 - FOR STATE OF MARYL REGISTRAR		TMENT OF H		MENTAL HYGIEN REG. NO		00210				
	LOIS JOE PRUITT	-				AY	YEAR 2. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	(in yrs. lest birthday) (the yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	903	8. BIRTNPLACE (State or Foreign Country) Grayson VA				
TOR	Pa. FACILITY HAME (If not institution, give street and number) Pleaser View Norsky Hor	re	96. CITY, TOWN (4101 O MT. A		21771		TOUTOIL.				
DIRECTOR	Md. Carroll		r, town or Locat t. Airy	ION ZIP CODE			tod. INSIDE CITY LIMITS? t YES 2X NO				
FUNERAL	100. STREET AND NUMBER 4101 Old National Pike			ZEN OF WHAT COUNTRY?							
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X X Norced	2 X NO	If yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	a or No—	14. RACE — American Indian, Black, White, atc. SpecifyWhite				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16b. KIND OF BU		USTRY							
	17. FATNER'S NAME (First, Middle, Last) William L. Tomlinson				ME (First, Middle, Maiden Wright	Surname)					
TO BE	190. INFORMANT'S NAME (Type/Print) Pleasant View Nursing Home				Aoute Number, City or Tow ke Mt. Air						
	Pleasant View Nursing Home 4101 Old National Pike Mt. Airy, Md. 21771 20a. METNOD OF DISPOSITION 1										
	· Brian L. Naight	מי	Sykes	sville, N	1D 21784 (4	410)-	795–1400				
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, abook, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) e										
N	Sequentially list conditions a. Cerebaro vos cular accident 1 day										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Discording to the contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PROPRIED? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY? 1 YES 2 NO										
AN:	DID TOBACCO USE CONTRIBUTE TO CAUSE C 25. WAS CASE REFERRED TO MEDICAL	and the same of th	ES NO D	-	и 🗆 📗						
PHYSICIAN: MEDICA	EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Out 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year)	28b. Til	WE OF 28c. IN	ne 5 🗆 Residence IURY AT DRK?	6 Other (Specify) 26d. DESCRIBE HOW	INJURY OC	CURED				
BY	1 Natural 5 Panding investigation 220 Accident investigation 3 Suicide 6 Could not be 4 Nomicide determined 220 PLACE OF INJUR	Y — At home, farm,	M 1		281. LOCATION (Street City or Town, State		or Bural Route Number,				
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my known										
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (North, Day, Year) 297. DG 588 130 97										
TO	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DI 4801 DOTS GY HALL DY	115 E	Picott	City	Winy	lau	21042				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN FEB 0 7 1997 Julia del	NATURE Wolfer Ran	dall				a paran				



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Feb 1997 Lewis Pinder 4:19PM 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth The Memorial Hospital Talbot Easton 6. Sex If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) Deys Hours 80 Yrs. 08/15/16 Maryland Usuel Residence of Decedent 10h County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 🖾 No Caroline Preston 10f. Zip Code 10g. Citizen of What Country? Collins Road 21655 United States 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Rece - American Indian, Black, White, etc. 1 X Never Married 2 ☐ Married 1 ☐ Yes 2 X No Specify: Black Specify: 3 Widowed 4 Divorced 15. Decedent's Education 16e. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) Agriculture Farm Laborer 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Howard Pinder Nettie Lake 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 23577 Collins Rd., Josephine Beasley Preston, MD 21655 20b. Place of Disposition (Neme of cemetery, cremetory or other piece) Dete 20c. Location - City or Town, Stete 1X Buriel 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Federal Hill Cemetery 2-7 Federalsburg, MD PO Box 43, Federalsburg, MD 21632 21. Signeture of Funerel Service Licensee Esker 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart fellure. List only one ceuse on each line.

Physician /Medical **Examiner**

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signed by

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After this certificate

the funeral

filled in by

Medical

Physician:

or Attending

death.

s after death

To the Hospital o within 24 hours af To the Funeral DI completely filled in

The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

Physician

/Medical

Examiner

Funeral

Director

"natural", or items 23a or 28a-f show

the Medical

uith and Mental Hygiene. 27 is marked other than "r r traumatic event, tre Me.

permit. Pages 1 and 2 should be file Department of Heatth and Mental Hy Important: If Item 27 Is marked other any Injury or other traumatic event

Director

Funerai

by

Completed

Be

Maryland

the

filed within 72 hours after death with

altimore, Maryland 21215-0020

5. Social Security Number

10e. Street end Number

23577

20a. Method of Disposition

3

Michael

10a. Stete

MD

214-32-0465

Physiclan/Medical Examiner 4 Completed Be 0 Certification:

Immediate Cause (Finel disease or condition resulting in deeth)	· 80515		2 whs
resulting in destry	Due to (or es e consequence of): Due to (or es e consequence of):		2 wks
Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury	Due to (or es e consequence of): c. Anoxic enceptulo pathy Due to (or es e consequence of):		2 wks.
thet initieted events resulting in deeth) Lest	a. Acute repocad is in faction		2 Wes
Pert II. Other significant condition Atrial Fibr	ns contributing to death but not resulting in the underlying ceuse given in Pert I.		ribute to the cause of death? 3 ☐ Probably 4 ☐ Unknow
		24e. Wes en eutopsy performed?	24b. Were eutopsy findings evelleble prior to

of death?

1 Yes 1 ☐ Yes 2 ☐ No

25. Wes cese referred to medical 1 Yes 2 No 27. Manner of Deeth

1 ☑ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA Dete of Injury (Month, Dey Year)

28b. Time of

Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28c. Injury et Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how Injury occurred

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

29a. Certifier (Check only

1 Neturel

2 Accident

3 Suicide

4 Homicide

The Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and manner es steted.

| Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and manner es steted.

| Madical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) end manner steted.

29b. Signeture end title of certifier

5 Pending investigation

6 Could not be determined

29c. License number 039749

29d. Dete signed (Month, Dey, Year) 2/4/9

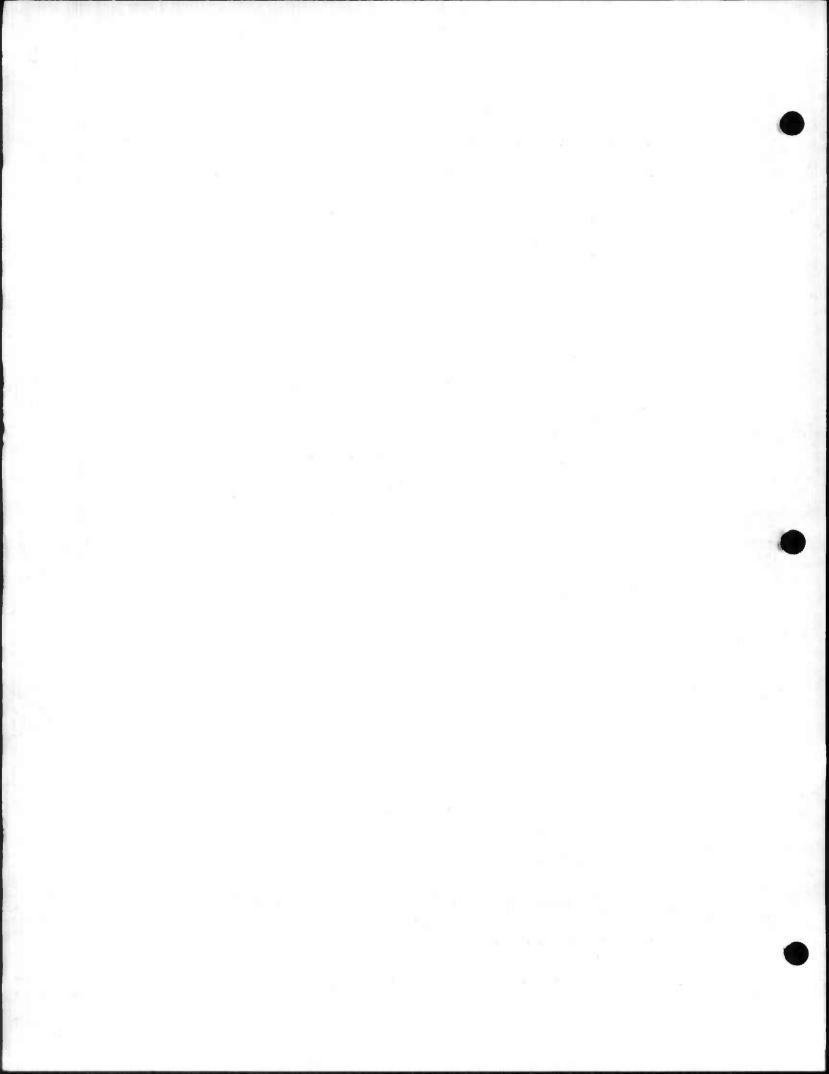
30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

Easton no 21601

26. Plece of Deeth (Check only one)

State Registrar 31. Dete filed (Month, Dev. Year) FFR 10 97

32. Registrer's Signeture ia Davidson-Randale



05220

State of Maryland / Department of Health ar	d Mental Hygiene
State of Maryland / Department of Health ar TEM; 23 part I,27 per M/E.0 G-744 2/26/97 <i>Certificate of Death</i>	Reg. No. 97
Decedent's Name (First Middle Last)	2 Date of Death

Physician
/Medical
Examiner

Funerai

Director the Maryland 28a-f show ŏ

the Medical Examiner must be notified at or Items 23a filed within 72 hours efter "natural", nd Mental Hygiena. marked other than . Peges 1 and 2 should be fill ment of Heelth and Mental Hant: If item 27 is marked oth jury or other traumatic even

Baltimore, Maryland 21215-0020

P.O. Box 68760.

Records,

Division of Vital

Physician /Medical Examiner

The law requires that the death certificata be executed the USB as ate has been signed by the atter page 2 should be detached for certificate or Attending Physician: director this funeral After after deeth the In by Hospital 24 hours a 24 hours

2. Date of Death Month ROBERT **JAMES** PEEBLES JR. JANUARY 24, 1997 12:19 PM 4e. Fecility Neme (If not Institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Cheverly PRINCE GEORGE PRINCE GEORGE HOSPITAL If Under 1 Year | If Under 24 Hrs.

Months | Days | Hours | Min. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) 958 9. Birthplace (State or Foreign Country) 1 M 2□ F 38 Yrs. 220-70-7003 February 17, Washington, D.C Usuei Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1X Yes 2 No Director New Carrollton Maryland Prince Georges 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6637 Auburn Avenue 20784 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2∑ No If Yes, Give Year or Detes: 14. Race - American Indian, Black, White, etc. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 ☐ Never Married ŽXMarried 1 ☐ Yes 2XXNo Specify: by Specify: 3 Widowed 4 Divorced Black Completed 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grede completed) Eiementery/Secondary (0-12) College (1-4or 5+) Assistant Pastor/Jericho Baptist Church, Inc. vears 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be (Bishop) James Robert Peebles, Sr. Betty Jean Poindexter 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 20721 19e. Informant's Name/Relationship (Type, Print) Betty P. Peebles (mother) 11900 Pleasant Prospect Road, Mitchellville, Maryland 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) Jan. 31, 1997 20a. Method of Disposition 20c. Location - City or Town, State 1X Burial 2 ☐ Cremation 3 ☐ Removal from Stete permit. Pege Depertment of Important: If any injury or once. 4 ☐ Donation 5 ☐ Other (Specify) National Harmony Memorial Park Landover, Maryland 22. Name and Address of Facility Latney's Funeral Home, Inc. 21. Signature of Funerei Service Licensee Tolin Ul Latney Juniar 3831 Georgia Avenue, N.W.; Washington, D.C. 20011 23e. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final CARDIOMYOPATHY diseese or condition resulting in death) Due to (or as a consequenca of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initieted events resulting In death) Lest Due to (or es e consequence of) Physician/Medical Due to (or as e consequence of): Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 42 Unknown þ Completed 24b. Were autopsy findings evailable prior to completion of cause of death? 24e. Was an autopsy performed? 1 Yes 2 No 1 PYes 2 No Be 25. Was case referred to medical 26. Piece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA P 1⊠Yes 2□ No Other: 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 28e. Date of Injury (Month, Day Year) 27. Menner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Streef end Number or Rurel Route Number, City or Town, State) 4 Homicide 29a. Certifier Medical 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end plece, and due to the cause(s) and manner as stated. (Check only one) completely 2 Madical Examiner: On the besis of examination and/or investigetion, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and magner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) OCME JANUARY 25, 1997 30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

State Registrar

31. Dete filed (Month, Day, Yeer)

Jund

FEB 05 1997

Fowler

32, Registrar's Signature ala d'avolson

111 PENN STREET

BALTIMORE, MARYLAND 21201

To the To the

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ner		38983 Van			umbory				Abel				. Ma:		
	5		6. 9	Sex	7. Aga (In)	rs. last birth	day) If Und	dar 1 Yaar	if Under		8. Data of Bi (Month, D			thplaca (Stata or Foraig buntry)	
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Director		I 0e. Street and Number					10f. Z	Zip Coda				10g. Citiza	n of What Co	ountry?	
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To Be	5	Samuel R. Pos	sey						Mart	ha A	nn Val	landi	ngham		
		19a. informant's Name/Rais				19b. I	Malling Addra	ss (Street			/ Route Numi			Zip Code)	
	I	Helen M. Scha	efer,	/Sister						t. V	ashing	ton, Mo	d. 207	44	
	2	0a. Mathod ot Disposition 1 ☐ Buriai 2 ☐ Crama	ation 3	Removal from	200	b. Place of Comatary,	Disposition (N , crematory or	lama of r other plac	ca)		Data	20c. Loca	tion - City or	Town, Stala	
		4 ☐ Donation 5 ☐ Oth	nar (Specif	y)	A F	Resurr					97	Clint	on,Md.		
	1	4 Donation 5 Other (Specify) Resurrection Cemetery 2/5/97 Clinton, Md. 21. Signalum of Funaral Service Licensea Ceorge P. Kalas Funeral Home													
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ner		23a. Part 1. Entar tha disaa shook, or haart tailura Immediata Causa (Final disaasa or condition rasulting in daath)	sa, or com. List only	plications hall one cause on	eros	eath. Do no	6160 0 ot antar tha m	xon I oda of dyir	Hill R ng, such as	d. Cardiac d	xon Hi	11, Mo		Approximata Interval Batween Onset and Death	
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State of Maryland / Department of Health and Mental Hygiene 97 05222

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State of Maryland / Department of Health and Mental Hygiene 97 05223

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State of Maryland / Department of Health and Mental Hygiene 0.7

CHARLES B. PROCTOR, JR. JANUARY 31,199	Deeth George's Birthplece (Stete or Foreig Country) Jash., D. C. 10d. Inside City Limit
4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Prince George's Hospital Center Cheverly Prince 5. Sociel Security Number 5. Sociel Security Number 5. Sociel Security Number 5. Sociel Security Number 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) Yrs. Whonths Deys Hours Min. (Month, Dey, Year) 12/30/53 W Usuel Residence of Decedent	Deeth COUTGE S Birthplece (Siete or Foreign Country) COUNTY) COUNTY COUNT
Prince George's Hospital Center Solve Security Number Security Number Securi	George's D. Birthplece (Stete or Foreign Country) D. B. D. C. 10d. Inside City Limits The Yes 2 No.
Funeral Director 5. Sociel Security Number 5.79-70-2802 6. Sex 1X M 2 F 7. Age (In yrs. last birthday) 4 3 Yrs. 7. Age (In yrs. last birthday) 4 3 Yrs. 1 Vrs. 1	10d. Inside City Limit
Director Usuel Residence of Decedent $279-70-2802$ $120 M 2 F$ 43 $20 F$ $20 F$	10d. Inside City Limit Y Yes 2□N at Country?
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Md. P.G. Capitol Hgts. 10e. Street and Number 1117 Jansen Avenue 20743 U. 11. Merital Status 1 Never Merrled Married 11 Never Merrled Married 11 Never Merrled Married 12 Never Merrled Married 12 Never Merrled Married 13 Was Decedent of Hispenic Origin? (Specify Yes or No-lif Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14 Race-Bleck,	ty Yes 2 N at Country?
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10e. Street and Number 10f. Zip Code 10f. Zip Code 10g. Citizen of Whi 20743 11. Merifal Status 11. Merifal Status 11. Never Merried 11. Never Merried 11. Never Merried 12. Wes Decedent Ever in U,S. Armed Forces? 11. Yes 2. No 12. Wes Decedent of Hispenic Origin? (Specify Yes or No-lif Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race-Bleck,	
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3 □ Widowed 4 □ Divorced Yeer or Dates: 1 □ Yes 2 ☑ No Specify: Specify:	White, etc. Black
15. Decedent's Education 16e. Decedent's Usuel Occupetion 16b. Kind of Bushr	
15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) 12th 15. Decedent's Education (Give kind of work done during most of working life. DO NOT use retired) Mail Handler U.S. Po	ness/industry
Elementery/Secondary (0-12) 12th Mail Handler U.S. Po 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maides Surgemen)	
	st Office_
17. Fether's Neme (First, Middle, Last) Charles B. Proctor, Sr. Mary Thelma Saunder	
Charles B. Proctor, Sr. Mary Thelma Saunder 19e. Informent's Neme/Reletionship (Type, Print) Genevieve Proctor/Wife Same as # 10 above 20e. Method of Disposition 20b. Pleas of Disposition (Neme of Defe 20c. Location - City	S
a 3	ete, Zip Code)
Genevieve Proctor/Wife Same as # 10 above	
Genevieve Proctor/Wife Same as # 10 above 20e. Method of Disposition 20b. Pleas of Disposition (Neme of completely, cremetory or other place) Defe 20c. Location - City	ty or Town, Stete
± 5 14∆ Burlet 2 □ Cremetion 3 □ Removel from Stete	w Ma
4 Donetion 5 Other (Specify) Harmony Mem. Park 2/7/97 Landove 21. Signeture of Funeral Service Licensee 22. Name and Address of Fecility	L, MQ.
21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility H. S. Washington & Sons Tho	
H.S. Washington & Sons, Inc. 4925 Burroughs Ave., N.E.	
23a. Pert 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. ician dical fine disease or condition	Approximete interval Between Onset and Deeth
resulting in deeth) e. LIVER TRANSPLANT	
Due to (or es a consequence of):	
AMYOTROPHIC LATERAL SCLEROSIS	
Sequentially list conditions, if eny, leeding to immediate cause Enter I lederly for as a consequence of):	
to The resulting in deeth) Lest	
d	
dd.	
Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. ALCOHOLISM 23b. Did tobacco use contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 24 No 3	bute to the cause of deat
E ALCOHOLISM 1□Yee 20 No 3	☐ Probably 4☐ Unknow
7 (2001)022011	_ robusty 4 officials
	24b. Were autopsy findings
performed?	evellable prior to completion of cause
u u u u u u u u u u u u u u u u u u u	of death?
25. Was case referred to medical exeminer? 1 Yes 2 No 25. Was case referred to medical exeminer? 1 Yes 2 No 1 Yes 2 No	1 ☐ Yes 2 ☐ No
25. Was case referred to medical exeminer? 1	
Lanipation 2 Ervolostion 31 DOA 4 Inursing from 5 Hesigence Killomer/	(Specify)
Composition Composition	
Second to the control of the contr	
280. Date of Injury et Works. Neturel 2 Accident 3 Suicide 4 Homicide 4 Homicide 5 Pending investigation 280. Date of Injury 280. Time of Injury 280. Injury et Works. Meturel 2 Accident 1 Yes 2 No 280. Describe how injury occurred 280.	or Rural Route Number
building, etc. (Specify) City or Town, Stete)	or real residence in the second of the secon
29a. Certifier (Check only (Ch	er es steted. I due to the cause(s)
end menner steted. Selection one) end menner steted. Selection one) end menner steted. Selection one) end menner steted. Selection one) end menner steted.	Month Day Vocal
	violiti, Dey, Tear)
1 2 Below D47928 2/3/9	フ
30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)	
2. Bahadori, PGHC, Cheverly, Md. 20785	
State 31. Dete filed (Month, Dey, Year) 32/Registrar's Signeture	

State of Maryland / Department of Health and Mental Hygiene 97 05225

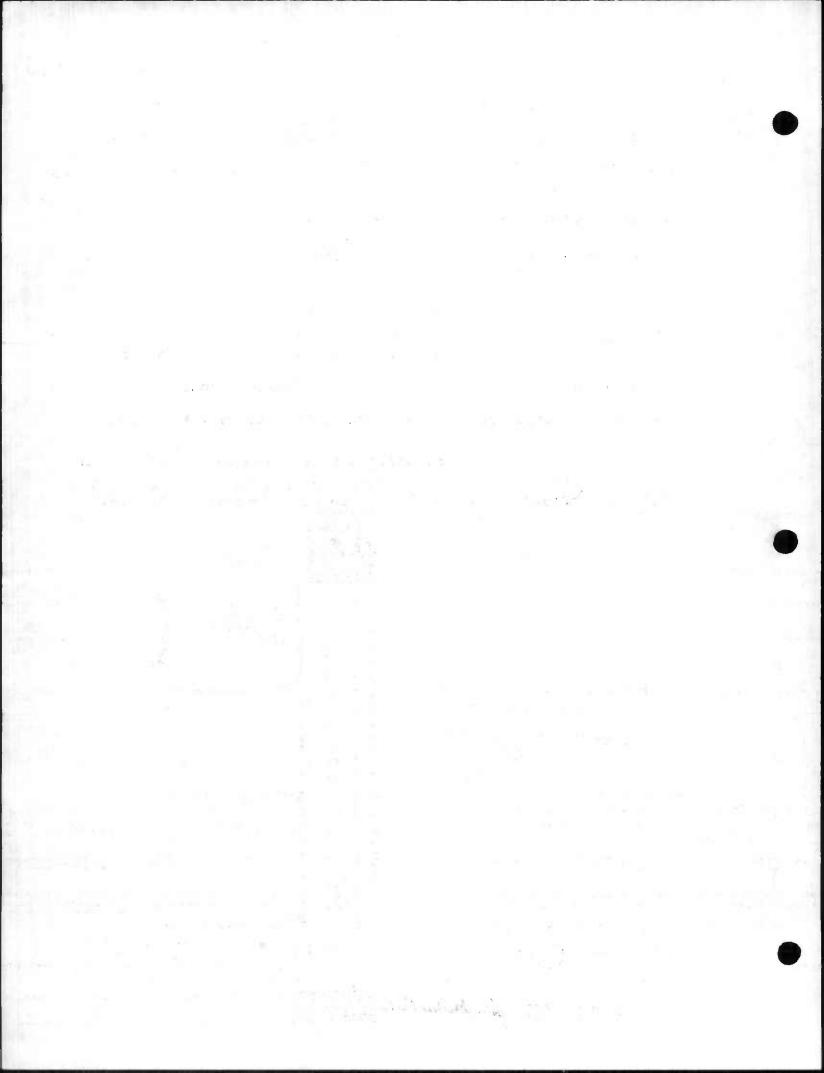
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	Physic /Medi			Charles	J.	Popko				Februar	Day	1997	9:15AM
	Exami		4a. Facility Nama (If not institution, give	street and numbar				4b. City, Tov	wn, or Lo	cation of Death		county of Death	
			Ft. WAshington Hos	enital				Ft. Wa	shir	noton	Pri	nce Geo	orge's
	Funeral		5. Social Sacurity Number 6. S	7. Ag	ga (In yrs. last birt		r 1 Yaar	If Undar		8. Data of Birt (Month, Da			9
	Director		118-09-4207	ZM 2□F 80)	Yrs. Months	Days	Hours	Min.	2/12/1	y, Year)	Grand	placa (Stata or Foraign ntry) 1 Rapids, MI
	D		Usual Rasidanca of Dacadant							2/12/1		prunc	. Mapado, iii
	how		10a. Stata 10b. County		10c. City, Towr	or Location				10d. Insida City Limits			
	the Marylar 28a-f show	io	Maryland Prince Go	eorge's	Ft. Wa	shington	n						1 Yas 2 No
	ith the Maryla or 28a-f shore	Director	10e. Straat and Number			10f. Zij	p Coda				10g. Citiza	an of What Cou	ntry?
	h wi		6705 Border Place			2074	44				USA		
	ar dea items	Funeral	11. Marital Status	12. Was Dacedant Armed Forcas? 1 Was 2	Evar in U,S.			Hispanic Orig	gin? (Spe	ecify Yas or No- Rican, atc.)		. Race - Amari	
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yla	should be nd Mental marked o	10	John Popko					Franc	es		Unkno	OWN	
Maryland 21215-0020	and and seminary		19a. Informant's Name/Ralationship (7	ypa, Print)	19b.	Melling Addras	s (Straal	t and Numbe	r or Rura	il Routa Numbe	or, City or	Town, Stata, Zij	o Coda)
	as 1 and 2 should to the alth and Ment Item 27 is marked to other traumatic at		Eugene J. Cuthrell	/Nephew	90	1 East	Wede	ewood	Dr.	North	Muske	egon, MI	. 49445
ore.	of Hear		20a. Mathod of Disposition		20b. Place of cematar	1 East Disposition (Naty, cramatory or or or or or or or or or or or or or	ma of	ice)_		Date	20c. Loca	ation - City or T	own, State
E	Pag int: H		1A Burial 2 ☐ famation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Hamovai from Stata)	Maryla	nd Vete	rans	Cemet	tery.	2/11/97	Chel	ltenham	,Md.
Baltimore,	permit. Pages Department of Important: if il any injury or once.		21. Signature of Funeral Service Licen	100		22. Nama ar	nd Addra	ass of Facility	/				
00	Depa Impo any l		18-18, Va	2NV						eral Ho		41 207	, =
/			206 Part 1. Entar tha disaasa or comp	lications that causas	tha daath. Do n	OTOU U	ΧΟΠ da of dvi	ng such as	cardiac o	UXON H1	LL, I	4d. 207	
	Physician		allock, or haart failure. List only	ona cause on eech li	na.		,						Approximata Intervel Batwaen Onsat and Death
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m	es thet tha death igned by the attan be detached for u	by Physician	Part II. Other significant conditions co	ntributing to death b	ut not reculting in	the underlying o	U O	uan la Dad I		22h Dide	obecco tu	no contribute t	o the causa of death?
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<u> </u>	raician: The law s certificate has b director, page 2 s	Be	25. Was casa refarred to medical axaminar?	Hospital: 🚜,			Ott	26. Placa	of Death	(Check only o	na)		
Division of Vital Records,	£ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-T	1 Yas 2 No 27. Manner of Death	1 LA Inpatia			JA	4 LI Nur				Other (Specif	<i>y</i>)
u C	Iling After fune	Certification:	1 Naturel 5 ☐ Panding	28a. Date of Inju (Month, De	y Year) 28b. T	jury M	28c. Injui			28d. Dascribe h	ow injury	occurred	
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N	or A aftar Direction by	Ė	4 ☐ Homicide datarminad	building, at	ury - At homa, far c. <i>(Specify)</i>	m, street, factor	y, office			City or Tow	n, Stata)	Num <i>ber</i> or Hure	al Routa Number,
_	pital Surs Peral filled		29a. Cartifier 104 Certifying Phy	alalan Ta Markana	-	40							
	to the Hospital or Attending Physician: The is within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edical	(Check only one)	elcian: To the best of ner: On the bests of and manner ste	axaminetion and	oaath occurred For investigetion	, in my	ma, dete end opinion, daatt	l piece, e h occurre	ed at the tima, o	ause(s) and p	nd mannar as s lace, and dua to	tated. o tha cause(s)
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	(10)	-	IN VICE CO	mai	is my	VM)	V	12	8			0	7 /
(10)	+	30. Nema and address of person who c	omplated causa of d	eath (Item 23a)	Type, Print)		1	/	19	,	. /	La ma
			LNVIC CONNA	JULYV	11) /14	18 41	IIN	DIL	3 /	d-tu	TU	18h1	ng in mid
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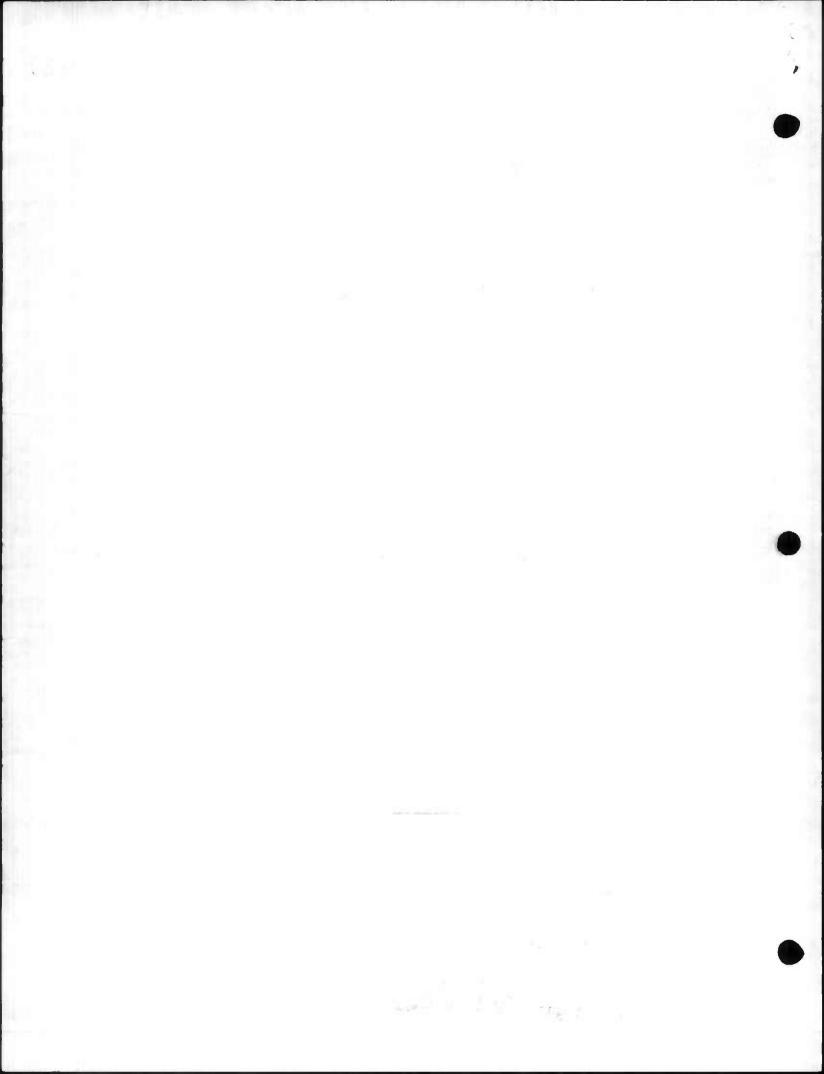
A Charles

the property of the same property and pro-

				State of M	aryland /	Certificate of			giene Reg. No.	37	05226	
	Physici	an	Decedent's Neme (First, Middle, Last Emma B.	s) Phillips				2. Date of De Month Feb. 6	eth Day 997	Yeer	3. Time of Deeth 3:05 pm	
	/Media		4a. Fecility Neme (If not institution, give	e street end number)			4b. City, Town, or L				3.03 pm	
	_		106 Aurora Str			Milada d Man	Cambri If Undar 24 Hrs.			ches		
	Funeral Director		5. Sociel Sacurity Number 6. S 218-20-2558 1 Usuel Residence of Decedent	M 2DF	ge (In yrs. lest L	oirthday) If Under 1 Year Months Days		8. Date of Bin (Month, De Nov.	th by, Year) 3, 1925		lece (Stata or Foraign try) ryland	
yland	wo to		10a. State 10b. County		10c. City, To	wn or Location				10	Od. Inside City Limits	
e Me	o or 28a-f show be notified at	Director		nester		Cambrid	lge				1 ☐ Yes 2 ☐ No	
with th	e or 2		10e. Street end Number			10f. Zip Code	63.0		10g. Citizen of W			
death	ms 23	Funeral	106 Aurora Str	12. Wes Decedent	Ever In U,S.	13. Wes Decedent of H	.613 Hispenic Orlgin? (Sp	pecify Yes or No		J.S.	A . an Indien,	
Maryland 21215-0020	jiena. r than "natural", or itams 23e the Med cal Examiner must I	by	1 Never Merried 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 ☐ Yas 2 ☐ If Yes, Give Year or Detes:	No	If Yas, specify Cub	en, Mexican, Puerto Specify:	Rican, etc.)	Specify:	k, White, e	etc. hite	
5-0 72 ho	netur	Completed	15. Decedent's Ed (Specify only highest gra-	lucation da completed)	16	e. Decadent's Usuel Occup (Give kind of work done	pation during most of work	kina	16b. Kind of Bus			
2121 within	than than	mpi	Elementary/Secondery (0-12)	College (1-4or		(Give kind of work done life. DO NOT use retire			70			
1d 2	other	Be Co	17. Fether's Name (First, Middle, Last)		Pn	armacy Tecl	18. Mother's Nam	e (First, Middle,			eutic	
arylar should be	0 0 0	To B	J. Rugie Burt				Isab	el Rob	bins			
Mar 12 she	Is m		19e. Informent's Neme/Relationship (7 Irving M. Phill	Type, Print) Son		b. Meiling Address (Street						
	if of Health If Item 27 or other tr		20a. Method of Disposition	rips, or	20b. Place	104 Oxford of Disposition (Name of		Dete Dete	MD 20c. Location - (2160.		
mor Peges	0		1 Buriel 2 Cremetion 3 □ 4 □ Donetion 5 □ Other (Specify			ery, crametory or other ple hester Mem	- 1	75	Cambri			
Baltimore,	Department Important: It eny Injury o		21. Signature of Funeral Service Licen	100	15020.	22. Name end Addra Curran-Bi	es of Fecility			The same of the sa		
11 8 8	2 5 5 8		Leoleen Styl	ent Ear	xwel	(308 High	St., Ca	mbride	ie, MD			
			23a. Platt Enter the disease, or come shock, or heart failure. List only of	olications that caused one dause on each if	f the death. Done.	not enter the mode of dylr	ng, such as cardiac	or respiretory er	rrest,		Approximete Interval Between Onsat and Deeth	
	ysician /ledical		Immediete Ceuse (Finel	Der		- E.						
Ex	aminer		diseese or condition resulting In deeth)	e. ACOPI	Due to (or es	RY FAILL e consequenca of):	IRE				6 lexes	
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Box 68			resulting in death) Lest	d		ourisagustisa orj.						
I Records, P.O. Box (The lew requires thet the death certif	ed by the attending datached for use e	Physician/M	Pert II. Other eignificant conditione co	entributing to death b	ut not resulting	in the underlying cause giv	ven in Pert I.	23b. Did t	tobacco uee cont	tribute to	the cause of death?	
P.O.	d by th	Phy									eably 4 Unknown	
ds,	5.8	d by						240 14400		24b Ma	re autopsy findings	
CO L	spen si	iete							en autopsy rmed?	eva	nileble prior to inpletion of cause feeth?	
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/ita	certificata rector, per	Bec	25. Wes cese referred to medical axeminer?				26. Placa of Deet		200			
Of John	this c	2	1 ☐ Yes 2 ☐ No	Hospitel: 1 Inpatie			4 □ Nursing Ho	oma 5 P Hesio)	
Division of Vital Records, or Attending Physician: The lew requires the change of the contract	in a second	Certification:	27. Menne of Deeth 1 Neturel 5 Pending 2 Accidant investigation 3 Suicide 6 Could not be	28a. Dete of Inju (Month, De)	y Year) 28b.	Time of Injury Mor	y et k? Yes 2 □ No	28d. Describe h	now injury occurre	d		
O A	Direct in by	ertifi	4 Homicide determined	28e. Plece of Injudence building, etc.	ury - At home, f c. <i>(Specify)</i>	arm, street, fectory, office		28f. Location (S City or Tow	Street and Numbe vn, Stete)	r or Rural	Route Number,	
ospital	To the Funeral Director: A completely filled in by the f	edicai C	29a. Certifier 1 Certifying Phy	aiclan: To the best of	of my knowledg	e, deeth occurred et the tin nd/or investigetion, in my o	ne, date end pleca,	end due to the d	ceuse(s) end men	ner es sta	ated.	
the H	The F	-	one) 29b. Signature and title of certifier	end menner sta	ited.							
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			30. Name and address of verson who o	pleted cause of de			1362Z		2-8	-/	•	
			Craig W. Caldwel	1, M.D.	2 Auror	a Street, Ca	mbridge,M	Maryland	21613			
	Star Registra	.6	31. Date filed (Month, Dey, Yeer) FEB 1 1 1	32. Registre	er's Signature							
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	ian cai	Mary Ann		a stroat and number			4b. Cify, Town, or		5, 1997	Yeer 9 CO AI
Exami	ner		ingview				Carroll	Location of Deeti		estminster
Funeral Director		5. Social Security Nu 215-32-3 Usual Residence of I	mber 6. S		e (In yrs. lest birth	Months Da	ear If Under 24 Hrs.	(Month, Da		9. Birthplace (State or F Country) Maryla
than "natural", or items 23a or 28a-f show he Madical Examiner must be notified at	Funeral Director		10b. County		10c. City, Town					10d. tnside City t
		MD	Carroll		Westmin					1 🗆 Yes 2
		10e. Street and Num	cingview	Lane		10f. Zip Cod	2115	88	10g. Citizen of W	het Country? nited State
	by Funera	11. Marital Status 1 Never Marrie 3 Widowed 4		12. Was Decedent Armed Forces? 1 Yes 24 If Yes, Give Year or Dates:	Ever in U,S.	13. Was Decedent if Yes, specify C	of Hispanic Origin? (S cuban, Mexicen, Puert No Specify:	pecify Yes or No o Rican, etc.)	14. Race Bleck Specify:	- American Indian, , White, etc.
	Completed t	(Specification (Speci	15. Decedent's Ec	ducetion de completed) College (1-4or 5+) 16a. Decedent's Usuel Occ (Give kind of work don life. DO NOT use retii		Occupation done during most of working retired)		16b. Kind of Business/Industry		
or the	Сош			1		lerk			Court	House
it of Heelth and Mentel Hygiene. If Item 27 is marked other than " or other traumatic event, the Me	Be	17. Fether's Name (F	First, Middle, Last)				18. Mother's Nar	ne (First, Middle,	, Malden Sumeme)
mark metic	To	Russell 19a. Informent's Nan	K. Mill		19h A	Apiling Address (Street	eet end Number or Ru		ude Jord	
27 is r trau		Donald F			130. K					ter, MD 211
other other		20a. Method of Dispo	sition		20b. Place of D	sposition (Neme or cremetory or other	4.3.1	Date		city or Town, State
amt: If			Cremation 3 ☐ Other (Specify	Removel from State			morial Gar	08/97 dens		Finksburg,
Department of Heelth a Important: If Item 27 is any injury or other train once.		21. Signature of Fund	eral Service Licar	see			dress of Facility Funeral H		,	
0599	Je.	Kathe	Leve PA	ins - Aue	itzer				tminster	, MD 21157
ysician Medical aminer		Immediate Cause (F disease or condition resulting in death)	inal	e. JAKOS	7 — REV.					Onset end Dea
ician and buriel-trensit	Examiner	Sequentially list condif any, leading to Immosuse. Enter Underly Ceuse (Disease or in	ditions, nediate	Due to (or es a consequence of):						
2.9	Physiclan/Medical	Ceuse (Diseese or in that Initiated events resulting in death) La		d	Due to (or es e cor	nsequence of):				
	sicla	Part II. Other eignific	ant conditions of	ontributing to death be	ut not resulting in the	ne underlying ceuse	given in Part i.	23b. Did	tobacco use cont	ribute to the cause of d
ed for us	by									3 ☐ Probably 4 ☐ Uni
gned by the ettend be detached for us									en autopsy med?	24b. Were eutopsy findi available prior to completion of caus of death?
has been signed by the ettending ph je 2 should be detached for use as th	mpleted							10		1 ☐ Yes 2 ☐ No
ficate has been signed by the ettend or, page 2 should be detached for us	Completed	OS Man anno safarra	d to madical				26. Place of Dea			(Spaciful)
s certificate has been signed by the ettend director, page 2 should be detached for us	Be	25. Was cese referre examiner?		Hospital:	n water	3□ DOA	Other: 4 Nursing H	ome 5 Post	Serior o Douiei	
atri. or: After this certificate has been signed by the ettend he funeral director, page 2 should be detached for us	To Be	examiner? 1 Yes 2 N 27. Menner of Deeth 1 Natural 2 Accident	5 Pending	28a. Date of Inju	y 28b. Tirr	18 af 28c. II	Other: 4 Nursing H njury at Nork? Yes 2 No		now injury occurre	o .
rs arter deam. ••• Director: After this certificate has been signed by the ettend led in by the funeral director, page 2 should be detached for us	Certification: To Be	examiner? 1 Yes 2 N 27. Menner of Death 1 Natural 2 Accident 3 Suicide 4 Homicide	5 Pending Investigation 6 Could not be determined	28a. Date of Injunity (Month, De) 28e. Place of Injunity building, etc	ry Year) 29b. Time y Year) 29b. Time linp. ury - At home, farm c. (Specify)	M 28c. II	njury at Nork? U Yes 2 No	28f. Location (S	Street and Number	r or Rurel Route Number
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

05228

						Cei	runcate	or Death		Reg. No.		
I	Physic	ian	Decedent's Name (First, Middle, Last) JOHN WESLEY RILL						2. Date of Month	Deeth Day	Year	3. Time of Death
	/Medi		4a. Facility Nama (If not institution, give street and number)					4h Cihi Taur	Jan		L997	8:50 P
9	Exami	ner			iber)			100	4b. City, Town, or Location of Death 4c. County of Death			
L			1004 SOUTH MAIN						HAMPSTEAD CARROL			
-	Funerai Director		214-16-0656	Sax 7 1√2 M 2□ F	7. Age (In yrs. la:	st birthday) Yrs.	If Under 1 Y		fin. (Month,	Birth Day, Yaar)		iace (State or Foreig try) YLAND
	death with the Maryland ms 23a or 28e4 show	by Funeral Director	Usuel Residence of Decedent 10a. State 10b. County	10c. City, Town or Location								
				N T	Too. Oity,	TOWITOTEC					11	0d. Insida City Limits 1 ☑ Yes 2 ☐ No
	No Maria		MARYLAND CARRO	البال				HAMPSTEAD				
	1 5 E		10e. Street and Number				10f. Zip Co				og. Citizan of What Country?	
	23a		1004 SOUTH MAIN	TREET			21074		USA			
Maryland 21215-0020	after or its		11. Maritai Status 1 Nevar Married Z Married 3 Widowed 4 Divorced	12. Was Deced Armed Ford 1 Tyes 2 If Yes, Give Year or Dat	2 No	I	Was Decedent f Yes, specify t 1 ☐ Yes 2 🎇	of Hispanic Origin? Cuban, Mexican, Po No Specify:	(Specify Yas or uarto Ricen, etc.)	No- 14. Ri Bi	ace - America iack, White, o	
0	"natural",	ted	15. Decedent's E	ducetion		16a. Dece	dent's Usuel O	ccupation		16b. Kind of	Business/Ind	dustry
21	Med "	Completed	(Specify only highest gi		40r 54)	life.	DO NOT use re	one during most of etired)	working			
21	filed withir Hygiene. ther than	E	8	ary (0-12) College (1-4or :		SELF EM		MPLOYED		CA	RPENTER	
P		Be C	17. Fether's Name (First, Middle, Las	t)	, , , , , , , , , , , , , , , , , , , ,			18. Mothar's	18. Mothar's Nama (First, Middle, M			
a	d be we contain th	To B	NOAH I. RILL					LULA	LULA A. DAVIDSON			
2	d 2 should be th end Mental 7 is marked o traumatic ev	-	19a. Informant's Name/Reletionship	(Type, Print)		19b. Maitir	ng Address (St	reet and Number of	Rural Route Nu	mber. City or Tow	n. Stete. Zip	Code)
Ž	25.5		LILLIE M. RILL					4, HAMPST				
e,	of Heeith Hem 27		20a. Method of Disposition		20b. Pia	ce of Dispo	sition (Name o	1	Date	20c. Location	a - City or To	wn. State
0			ty Burial 2 ☐ Cremation 3	Removal from S	tate cen	netery, crer	natory or other	place)				,
Ë	the right		4 ☐ Donation 5 ☐ Other (Spac		WE		CEMETE		2/1	HAMP	STEAD,	MD
Baltimore,	permit. Peges Department of Important: If it any injury or opce.		21. Signature of Fyneral Service Lice	W.E.	line) 22		ddrass of Facility MAIN ST,		FUNERAL EAD, MD		
	440		23a. Part1. Enter tha disaase, or con shock, or heart failure. List only	pilications that car	used the death.	Do not ent	er the mode of	dying, such as car	diac or raspirator	y errest,	T	Approximate
	Physician		SHOOK, OF HOUR TAILUTO. CIST OFF	One cause on ea	COTTINIO.		0				i	Onset and Death
(ر	/Medicai		fmmediate Cause (Final		720			1/500	S		ţ I	4
П	Examiner		disease or condition resulting in death)	Rin Son S Scose ras a consequence of):			3 -		1	sons		
		ē			Due to (or a	is a consec	(uence or):				1	•
	icate be executed physician and s the burial-transit	Examiner		b	Due to fee		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
,	certificate be executed ding physician and use as the burial-transit	Exa	Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury		Due to (or as a consequence of):							
68760,	sicia bur											
587	phy s the	ğ	resulting In death) Lest Due to (or as a consequence of):									
XO	certifi nding use as	Physician/Medical	d									
B											i	
0	the deeth y the atte		Part II. Other significant conditions contributing to death but not resulting in the underlying cause g					given in Pert I.	23b. D	id tobacco usa c		the ceuss of death
0	res that the deeth signed by the atter i be detached for								1	☐ Yes 2 100	3 □ Prot	bably 4 Unknow
Records,	requi	Completed by							24e. W	as en eutopsy arformed?	ava	ere autopsy findings aliable prior to mpletion of cause
3e	9 00 CA	Jdu									of c	death?
	Pa es	S							1	Yes 2 No	1 🗆	Yes 2 No
Vital	ysician: The s certificete director, pag	Be	25. Was cese referred to medical axaminer?					26. Place of	Death (Check on	ly one)		
of	Physician: this certific ral director,	ဥ	1 Yes 2 No	Hospitai:	patient 2 EF	R/Outpatier	t 3□ DOA	Other: 4 Nursin	g Home 5 R	esidence 6 🗆 O	ther (Specify	()
ou c	Ilng After fune	Certification:	27. Manner of Death 1 ☑ Netural 5 ☐ Pending		Injury , Day Year)	8b. Time of Injury		Injury at Work?	28d. Descril	be how injury occ	urred	
Sic	death for:	cat	2 Accident Investigation 3 Suicida 6 Could not I					1 Yes 2 No	00/ 1	- (Ot1 1 N		(Day 10 11 - 1 - 1
Division	or Attendate death	artif	4 ☐ Homicide determined	28a. Place o	of Injury - At hom g, etc. (Specify)	e, farm, str	eet, factory, off	ice		n (Street and Nur Town, Stete)	n <i>ber</i> o <i>r Hur</i> a	Houta Number,
7	To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	edical Ce	(Check only 2 Medical Exa	niner: On the bes	is of examination	edge, death	occurred at th	e time, date and pl ny opinion, deeth o	ece, and due to t	he cause(s) end r	manner as st	ated. the cause(s)
	the the uplet	Med	one)	and manne	er stated.							
	T With	-	29b. Signature and the of pertifier				29c. Lic	ense number		29d. Data sig	ad (Month)	Day, Year)

State Registrar

30. Name and address of parson who comple

who completed cause of death (item 23a) (Type, Print)

32. Pegistrary Signature

State of Maryland / Department of Health and Mental Hygiene 97 05229

			Certificate of Death	7 Re	91 UJZZ9			
Dhyo	ielen	Decedent's Neme (First, Middle, Last)		2. Date of Deat Month	h 3. Time of Death			
Physi /Me	dical	Norval R. Robinson	ROBINSON		NY 2, 1997 0138			
Exam		4a. Facility Nama (If not Institution, give street and number)		own, or Location of Death	4c. County of Death			
	100	PENINSULA REGIONAL MEDICAL CENTE		SBURY	WICOMICO			
Funera Directo	_		birthday) If Undar 1 Year If Unda Yrs. Months Days Hours	Min. 8. Dete of Birth	9. Binhpiaca (State or Foreig HODDS, MD			
pu .		Usual Rasidence of Dacedent 10a. State 10b. County 10c. City, T	own or Location		10d. Inside City Limit			
sho sho	2	100 110 110 110 110 110 110 110 110 110	lford		tyDyas 2□No			
he N	Director			2111				
n 72 hours effer death with the Menyland "naturel", or flems 28a or 28a-f show solical Examiner must be notified at		314 Bridgeham Ave.	10f. Zip Coda 19963	n n	0g. Citizen of Whet Country? US			
	by Funeral	11. Meritai Status 1 Nevar Married 2 Married 3 Wildowed 4 Divorced 12. Was Decedent Evar in U,S. Armed Forces? 1 Xyas 2 No If Yes, Give Yaar or Detes: 43-4	13. Wes Decedent of Hispanic On if Yes, specify Cuban, Maxica 1 □ Yas 2 ☒ No Specify		14. Raca - American Indian, Black, White, etc. Specify: Wllite			
Jwithin 72 ho jiena. r than "natur	Completed	15. Decedent's Education 1 (Specify only highest grade completed)	6e. Decedant's Usuei Occupetion (Give kind of work dona during mo lifa. DO NOT use retired)	st of working	16b. Kind of Business/Industry			
within one.	d d	Elementery/Secondery (0-12) College (1-4or 5+)						
Hygier the	වි	12	Police		State			
be filed htal Hyg d other	å	17. Father's Nema (First, Middle, Last)		ner's Neme (First, Middle, M				
should be and Mental marked o	2	Bayard S Robinson		ena V. Pair				
THE P		19a. informant's Name/Relationship (Type, Print) Phyllis B. Robinson Wife	9b. Meiling Address (Street end Numb 314 Bridgeham	Ave. Milfo	ord, De. 19963			
Q H P			a of Disposition (Name of etery, cremetory or other piece) te Clay Creek		20c. Location - City or Town, State Newark, DE			
Semit. Pa Separtmen mportant: iny injury	300	21. Signature of Funeral Service Licensee	22. Neme end Address of Facil	lity				
	۳	July a Cremston	301 Lakevi	ew Ave. Mi.	lford, De. 19963			
Physicial /Medica Examine	ıl	Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interest shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) e. Due to (or as a consequence of): b. Due to (or as a consequence of):						
rificate be axecuted gobbysician and es the buriel-transit	Examiner	Sequantially list conditions, if eny, leading to immediate cause. Enter Undertying Causa (Disaase or injury	e consequence of):	Disease				
	Medical		a consequence of):					
ettendin for use	Ciar			4	İ			
that the de ed by the detached	Physician	Pert ii. Other eignificant conditions contributing to death but not resultin			bacco use contribute to the cause of death			
es tha igned be de	by	Congustive Heart la	· / core					
Physician: The law requires that the death cert this certificata has been signed by the ettendir rall director, page 2 should be detached for use	Completed	Renal Insuffice.	nèg	24a. Wes a perform				
The ata h	5			1 □ Ye	es 2 No 1 Yes 2 No			
sician: The law certificate has b lirector, page 2 s	Be	25. Wes casa refarred to medical examinar?	26. Plac	e of Deeth (Check only on	9)			
nysic nis ce I dire	To	Hospitai V	Outpatient 3□ DOA Other: 4□ N	lursing Home 5 🗆 Reside	ance 6 ☐Other (Specify)			
ding Ph th. : After th e funeral		27. Mennar of Death 1 Neturel 5 Pending (Month, Dey Year) 2 Accidant investigation	b. Time of injury et Work? M 28c. Injury et Work?		ow injury occurred			
To the Hospital or Attending Physician: The is within 24 hours after death. To the Funeral Director: After this certificata he completely filled in by the funeral director, page	Certification:	3 ☐ Suicida 6 ☐ Could not be determined 28a. Piece of injury - At home building, etc. (Specify)	, ferm, street, fectory, offica	281. Location (St. City or Town	reet and Number or Rural Routa Number, n, Stete)			
• Hospi • Funer letaly fill	edical	29e. Certifler (Check only one) 1 Certifying Physician: To the best of my knowled to make the control of the basis of examination end menner stated.	dge, deeth occurred at the time, date a end/or investigetion, in my opinion, de	nd piece, and due to the ce eth occurred et the time, de	suse(s) and menner as stated. ete and piece, end due to the cause(s)			
To the To the Young	×	29b. Signal and title of certifiar	29c. License number	29	9d. Deta signed (Month, Day, Year)			
		* Ruled	D347	68	2/2/97			
		30. Name and objects of person who completed cause of deeth (item 23	e) (Type, Print) 560 Riverside	By. B101	Salisbury Nd.			
S	tate	31. Date filed (Moditi, Dey, Year) 32. Registrer's Signature	<u></u>		J			

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Day Ann Teresa Robinson February 1997 1:30 pm 1, /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner 4811 68th Avenue Hyattsville Prince George's If Under 24 Hrs. Hours Min. 5. Social Security Number If Under 1 Yaar 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) Months Days Hours 1□ M 2\ F Yrs 79 156-16-2311 Sept. 26, 1917 Pennsylvania Usual Residence of Decadent 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits Director 1 ☐ Yes 2 No Prince George's Hyattsville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4811 68th Avenue 20784 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Orlgln? (Spacify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 11. Marital Status 14. Race - Amarican Indian, Black. White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yas 2 No by Specify: 3 X Widowed 4 ☐ Divorced White Completed 16a. Dacedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 8 Homemaker Own Home 17. Father's Nama (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Joseph Spigut Anna Suganic 19a. Intormant'a Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Stephen Robinson - Son 4825 68th Avenue, Hyattsville, Maryland 20784 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 Burial 2 Cremation 3 Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Fort Lincoln Cemetery 02/04/97 Brentwood, Maryland 21. Signatura of Funeral Service Licenses 22. Name and Address of Facility Francis Gasch's Sons Funeral Home, P.A. onstance a 4739 Baltimore Avenue, Hyattsville, MD 20781 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Physician/Medical Examiner Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown 1 | Yes by Be Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 1 ☐ Yes 2 ☐ No 25. Was case reterred to medical 26. Place of Death (Check only one) exeminer? 2 X No Other: 4 Nursing Home Medical Certification: To 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 Residence 6 Other (Specify) 27. Manner of Death 28d. Bescribe how Injury occurred Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 5 Pending Investigation Natural 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28a. Placa of Injury - At home, farm, straet, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only 29b. Signature and title of pertific 29c. Licensa number 29d. Date signed (Month, Dey, Year) D48222 cus my February 3, 1997 30. plame and address of person who completed cause of death (Item 23a) (Type, Print)

State Registrar

Funeral

Director

28a-f show

6

"natural", or items 23s

ages 1 and 2 should be filed within 72 hours effer that of Health and Mental Hygiene.

If item 27 la merked other than "natural", or hear or other traumation.

permit. Pages 1 Department of H Important: If ites any Injury or ott

Physician /Medical

Examiner

physician end s the burial-tran

USB BS ettending |

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is certificate has been signed by director, page 2 should be detac

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After

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The law requires that the death certificate be executed

P.O. Box 68760,

Records,

of Vital

Division

or Attending Physician:

Hospital To the Hospital within 24 hours a to the Funerel D

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Baltimore, Maryland 21215-0020

traumetic event, the Mudical Examiner must be notified at

the Maryland

31. Date filed (Month, Day, Year) FER 05 1997

Melchior, M.D.

4814 71st Avenue, Hyattsville, Maryland 20784 32. Registrar's Signatura

State of Maryland / Department of Health and Mental Hygiene

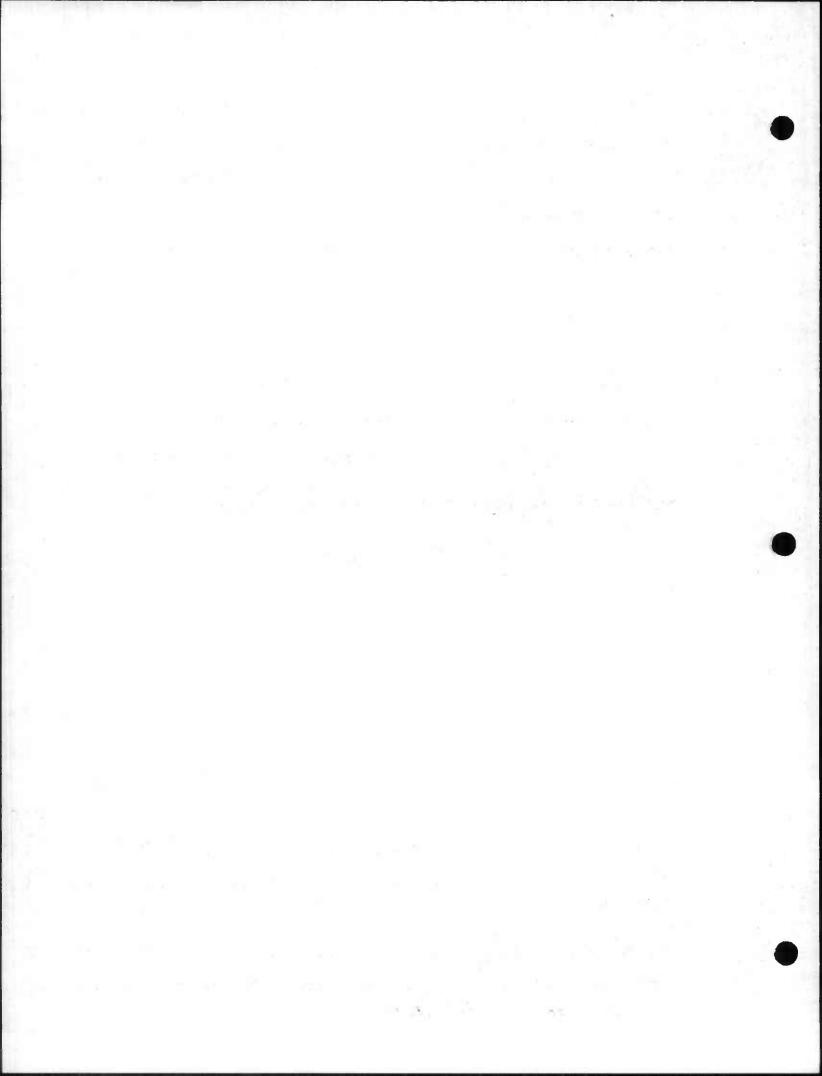
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	U		Same.	v	U

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Year **Physician** RAPHEAL ROSE FEBRUARY 02,1997 0300AM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner OXON HILL Il Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 2116 BARROWFIELD ROAD PRINCE GEORGES If Under 1 Year 5. Social Sacurity Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1⊠M 2□ F Days 27 Yrs. Director 579-11-9503 10/23/1969 Wash., DC Usual Rasidence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at Glen Arden MD Prince George's 1X Yes 2 No Director 10a. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 2932 Buckthorn Court 20785 TISA Funeral death 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 11. Maritel Status 1 and 2 should be filed within 72 hours after of Health end Mental Hygiena. am 27 is marked other than "natural", or item 1 ☐ Yes 2 No II Yes, Give Year or Dates: 1 XNever Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: Black by 3 Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Unemployed 17. Fether's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Malden Surname) Brenda Bowden Willease Rose 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2: Depertment of Health er Important: If Itam 27 is any Injury or other trat once. 510 1st St., SE Wash., DC 20003 Rrenda Rose-Draper/Mother 20b. Place of Disposition (Name of cemetary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from State MD National Memorial Park 2/08/97 Laurel, MD 4 Donation 5 Other (Specific 21. Signature of Funeral Service Licens 22. Name and Address of Facility Tyrone J. Young Funeral Services 5635 Eads Street, NE Wash., DC Do not enter the mode of dying, such as cardlac or respiratory arrest, Approximate Intervai Betw Onset end Death **Physician** /Medical Immediate Causa (Final disease or condition resulting in death) **Examiner** Examiner physician and s the buriel-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last Due to (or as a consequence of) P.O. Box 68760 Physician/Medical Due to (or as a consequence of) Part II. Other eignificent conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 4 Unknown been signed by should be detec 1 Yee 2 No 3 Probably þ 24b. Were autopsy lindings available prior to Completed 24a. Was an autopsy performed? completion of cause of death? paga 2 certificate Division of Vital Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 NOther (Specify) AT SCENE 1⊠ Yes 2□ No this funeral 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 28a. Date of Injury (Month, Day Year) Aftar 1 Natural 5 Pending Hospital or Attending 24 hours after death. Funeral Director: Aft 281. Location (Street and Number or Rural Route Number, City or Town, Stata) 2116 Br. von fie 1 Yes 2 No 104 AMM invastigation 2 Accident Found 2/2/97 3 Sulcide 6 Could not be datarminad 28a. Placa of Injury - At home, farm, street, factory, office building, etc. (Spacify) filled in by 4 Homicide 2116 Barrow Field in vehicle Prince georges Country, many land 24 hours 1 Certifying Physician: To the bast of my knowledga, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiar Medical (Check only one) To the I 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) FEBRUARY 02, 1997 O.C.M.E. 30. Name and address of person who completed cause adeath (Item 23a) (Type, Print) THEODORE M.K. 111 Penn Street, Baltimore, Maryland 21201

32 Registrar's Signature

State Registrar 31. Data liled (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Accident

3. Time of Death

/Medic	Physician /Medical Examiner						
Funeral Director							
and w							

death with the Maryl T is marked other then "natural", or items 23s or 28s-1 sho traumstic avent, the Medical Examinar must be notified at

Director

permit. Pages 1 and 2 should be filed within 72 hours after c inepartment of Health and Mental Hygiene. Important: If Itam 27 is marked other than "natural; or Itan any injury or other traumatic avent, the Hedical Enemerators. XXNevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: by 3 ☐ Widowed 4 ☐ Divorced Yaar or Datas: 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) Elementary/Secondary (0-12) College (1-4or 5+) BASKETBALL PLAYER 12th GRADE YEARS 17. Fathar's Nama (First, Middla, Last) LARRY LEE ROSS 19e. Informant's Name/Raiationship (Type, Print) PATRICIA ANN DORSEY ROSS 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other piace) 1 X Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata ZION BAPT. CHURCH CEM 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funarai Sarvice Licensee **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) · Asphyxia and Examiner Dua to (or as a consequence of): Examiner attending physician and for use as the burial-transit Sequantially list conditions, if any, leading to Immadiata causa. Enter Underlying Causa (Disaasa or Injury Dua to (or as a consequence of): Box 68760 certificate be Physician/Medical that initiated events Dua to (or as a consequence of): rasulting in death) Last USB k P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Records, þ Completed Division of Vital 25. Was case rafarred to medical axaminar? Be Hospital: Othar: 4 Nursing Homa 5 Rasidance 6 20thar (Specify) S CENE 2 1 XYas 2 No 1 Inpatiant 2 ER/Outpatiant 3 DOA funerel 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of Injury 28d. Describe how injury occurred 28c. Injury at Work? Certification: i or Attanding P after death. Director: After After 1 Natural 5 Panding 1 Yas 2 No 2 DR Accident 2-3-97 0236 Automobile 6 Could not be datarminad 3 ☐ Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) Lots ford Vista Road 28e. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) filled in by 4 Homicida To the Hospital within 24 hours a To the Funeral L Hospital Medical 29e. Certifian (Check only one) 29b. Signatura and titla of certifiar 29c. Licansa number woll O.C.M. E. MA 30. Name and addrass of person who complated cause of deeth (Itam/23a) (Type, Print) 5. Radentz, MD Stephen 111 32. Registrar's Signature 31. Date filed (Month, Day, Year) 07 1997

1. Decedant's Nama (First, Middla, Last) 2. Data of Death Vaar DAMEON LARRY ROSS 2:44 Am EBUARY 03 1997 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death I dy & R M; Tcho / VII/Q Prince Georges

If Undar 1 Year If Undar 24 Hrs. 8. Data of Birth
Months Days Hours Min. 6-24-19970 P. Gountry

Country

P. GOUNT Vista FORD TS, NEADOW RIDGER 7. Aga (In yrs. last birthday) 5. Social Security Number 9. Birthplace (Stata or Foraign 17€ M 2□ F P.G. COUNTY 26 218-13-0484 Usual Rasidance of Decedant 10d. insida City Limits 10a. Stata 10b. County 10c. City, Town or Location MD. P.G. COUNTY MITCHELLVILLE, MD. 1 Yas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 3311- MITCHELL, LN. 207 U.S. 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas ♣☐ No If Yas, Giva Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, apecify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, 11. Marital Status Black. Whita, atc Specify: BLACK 16b. Kind of Business/Industry ATHLETIC 18. Mothar's Nama (First, Middla, Maiden Sumama) PATRICIA ANN DORSEY 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 3311- MITCHELL LN., MITCHELLVILLE, MD. 2-10-97 MET COME WELCOME, MD. 22. Nama and Addrass of FacilityMONTGOMERY BROS.FUNERAL HM. 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 719-KENNEDY ST, N.W. WASHINGTON, D.C. 20011 Multiple Injuries 23b. Did tobacco use contribute to the cause of death? 1 Yes 2.2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? 12 Yas 2 □ No 12 Yas 2 No 26. Plece of Death (Check only one)

29d. Data aigned (Month, Day, Year) February 03, 1997

Penn Street, Baltimore, Maryland 21201

Registrar

Line of the state

State of Maryland / Department of Health and Mental Hygiene 05233 Certificate of Death 1. Decedent'a Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month Year **Physician** Jack Burton RAMBO, Sr February 6,1997 1:48AM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Doctors' Community Hospital Prince George's Lanham If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 5. Social Sacurity Number 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** Days NOW 2□ F Yrs Director 252 30 1029 70 South Carolina Usual Residence of Decedent 10a. Stata 10c. City, Town or Location 10b. County 10d. Inside City Limits 28a-f show item 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Moores Examiner must be notified as Prince George's Bowie XX Yes 2 No Maryland Director 10e. Street and Number 10g. Citizan of What Country? 10f. Zip Code 13407 Idlewild Drive 20715 United States Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? Was Decedent of Hiapanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Race - American Indian, Biack, White, atc. filed within 72 hours efter Hygiene. ty⊟tYes 2 No If Yes, Giva 1 Nevar Married 2 Married 1 ☐ Yes 2√ No Specify: þ 3.☐Widowed 4 ☐ Divorced WWII White Year or Dates: Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Buaineas/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) 11 Contractor Construction 17. Fathar's Nama (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Sumame) 2 should be f and Mentel h James Emory Rambo Eula Mae Hollingsworth 2 19a. Informent's Name/Raiationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Peges 1 end 2 st Department of Heelth and important: If item 27 is m any injury or other traum 2012 Bermondsey Drive Mitchellville Md. 20721 Jack Rambo, Jr. Son 20b. Place of Disposition (Name of cemetery, crematory or other place) Feb. 10, 1997 20a. Mathod of Disposition 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) Maryland Veterans Cemetery Cheltenham Md. 22. Name and Address of Facility Robert E. Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Maryland 20715 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** Immadiata Cause (Final diseasa or condition resulting in death) /Medical Kean 3 hrs **Examiner** Examiner physician and the buriel-trensit Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Causa (Disaase or injury that infliated eventa rasulting in death) Last Physician/Medicai Dua to (or as a consequence of) Part it. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 1 Yes 2000 3 ☐ Probably 4 ☐ Unknown by 24b. Ware autopsy findings available prior to completion of cause of death? 24e. Wes an autopsy Completed peeu ailu has 1 Yas 1 ☐ Yas 2 ☐ No certificate 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 Inpatiant Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 Yaa 2 No 10 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manpar of Death or Attanding Pi after death. Director: After th 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred Certification: 5 Pending invastigetion Netural 1 Yes 2 No 2 Accident 3 ☐ Suicide 6 ☐ Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At homa, farm, straet, factory, offica building, etc. (Specity) 4 | HomicIde Mospital of 24 hours a Funeral D 29a. Certifier 1 Certifying Physician: To the best of my knowledga, daath occurred at the tima, date and placa, and due to tha cause(s) and manner as stated. Medicai 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. (Check only one) To the F 29d. Data signed (Month, Day, Year) 29b. Signatura and title of cartifian D20727 30, Name and address of person who completed cause of death (Item 23e) (Type, Print) Parkway GREENBELT MD 20170 1215-D HANOVER 31. Date filed (Month, Day, Year) 32. Registrar's Signature State 07 Registrar

DHMH 16 Rev 6/95

with the Merylend

death

Baltimore, Maryland 21215-0020

certificate be executed

Box 68760.

P.0.

Division of Vital Records.

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Also Item7 State of Maryland / Department of Health and Mental Hygiene Amended #8, 2/20/97, M.W.O., Howard Co. Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Death **Physician** SHUPE AARON FEBRUARY 1997 11:15 AM 1 /Medical 4e. Fecility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Gladys Spellman Nursing Home Cheverly Prince George If Under 24 Hrs. 5. Sociel Security Number 6. Sex 7 Age (In vrs. last birthday) If Under 1 Yeer 8. Dete of Birth (Month, Day, Year) 57 Birthplece (State or Foreign Country) **Funeral** Months Hours Devs 39 Director 215-72-1585 Sep 19, 1950 MAryland Usual Residence of Decedent the Maryland 10b. County 10c, City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show treumatic event, the Medical Examiner inxalibe notified at 10d. Inside City Limits Director 1 ☐ Yes 2 ☐ No Maryland Prince George Cheverly 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 2900 Mercy Avenue 20785 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 11. Maritel Stetus 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. filed within 72 hours efter Hygiene. 1 ☐ Yes 2 1 No If Yes, Give Yeer or Detes: 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2√ No þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12)
Grade 12 College (1-4or 5+) Policeman Law Enforcement 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) Be 2 should be fi and Mental F is marked ot 2 Garland Shupe Betty Shupe 19e. informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 sh Department of Health and Important: If Item 27 is n eny injury or other treum 816 Hugh Avenue Roanoke, Virginia Betty Jane Shupe Mother 24019 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other place) Feb 4, 20c. Location - City or Town, Steta 1 ☐ Burial 2 ☐ Cremetion 3 X Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Woodlawn Cemetery Bluewell, W.VA. 1997 21. Signeture of Funerel Service Licensee 22. Neme end Address of Fecility Donaldson Funeral Home, P.A. 313 Talbott Avenue Laurel, Maryland 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. 20707 Approximete Interval Between Onset end Death **Physician** FAILURE /Medical Immediate Cause (Finel disease or condition resulting in deeth) Examiner Examine physician and the burial-transit Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in deeth) Lest P.O. Box 68760, Physician/Medical Due to (or es e consequence of) 0 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contributs to the cause of death? been signed by should be detact 2 30No 3 Probably 4 Unknown 1 TYes Records. by 24b. Were autopsy findings evallable prior to 24e. Wes en eutopsy performed? Completed completion of cause of deeth? has page 2 2 ZPNo certificate 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, Be 25. Wes case referred to medica 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residenca 8 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury et Work? 1 Neturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 Suicide 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 | Homicide

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Medical

State Registrar

29e. Certifie

31. Dete filed (Month, Dev. Year)

29b. Signeture end title of certifier

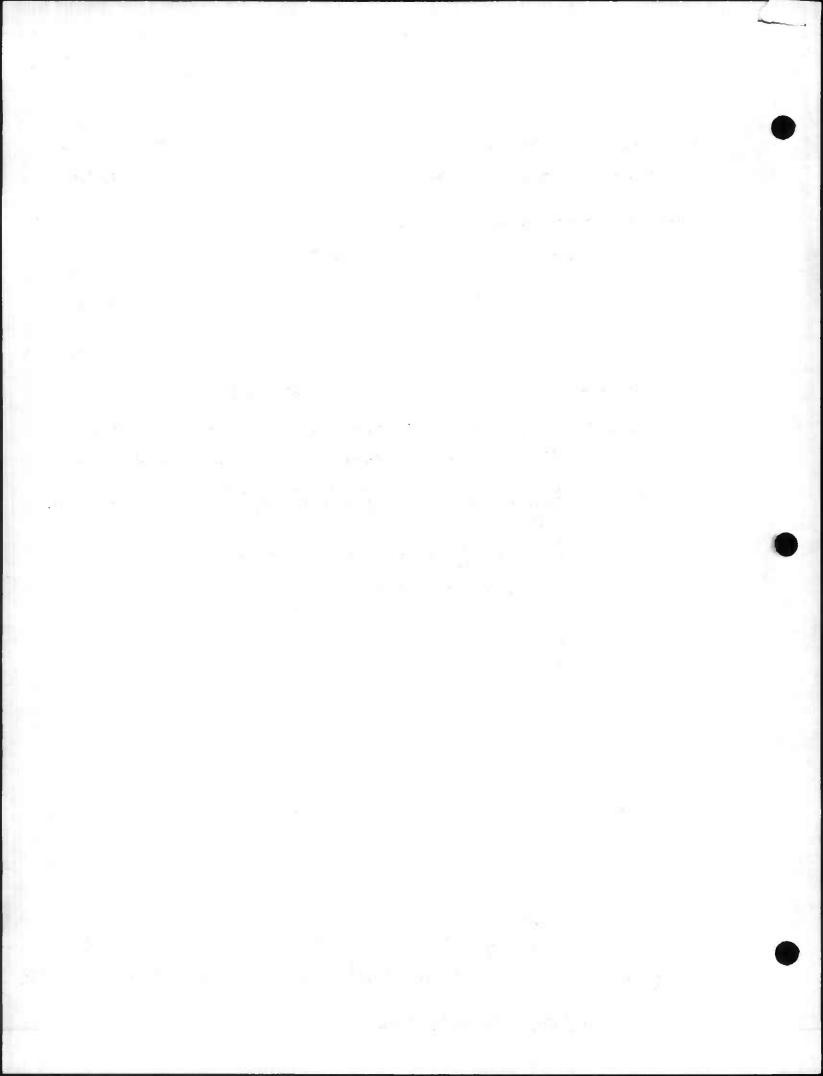
30. Name and address of person who completed cause of deeth (Item 23e) (Type, PMT) ille Road; #280; BOWIE-MY-20716 32. Registrer's Signeture



1) **Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end manner as steted.
2 Madical Examinar: On the bests of examination end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the ceuse(s) end menner steted.

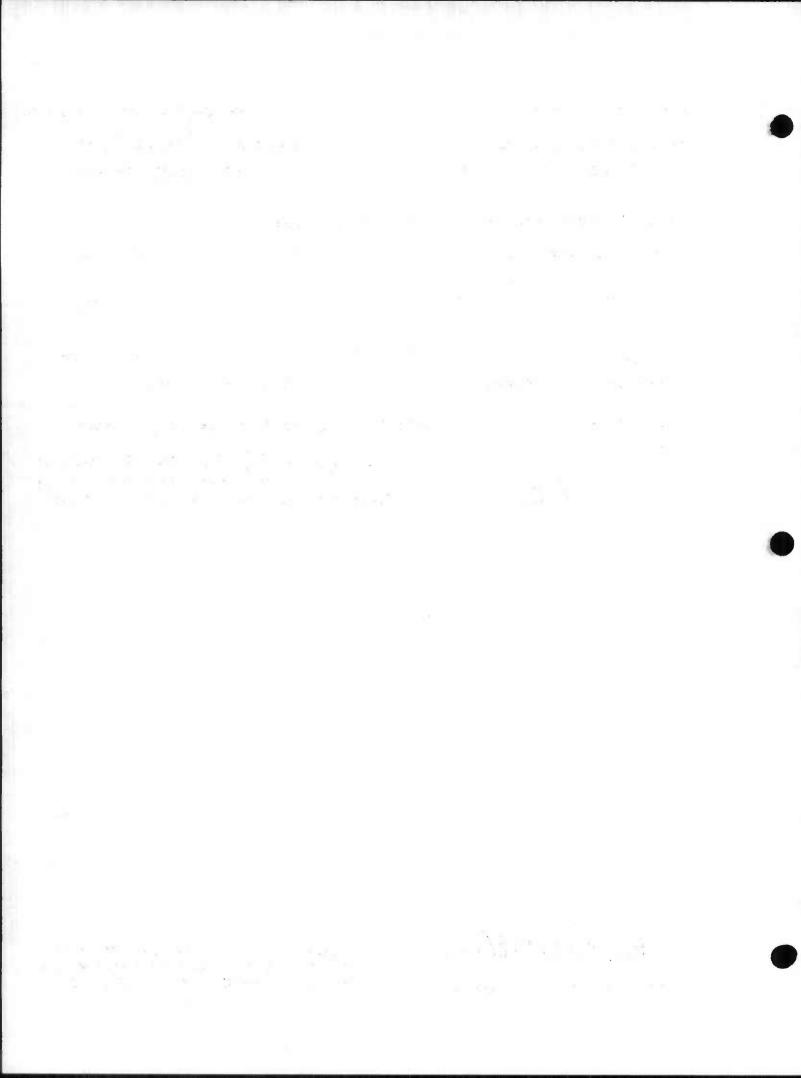
29c. License number

29d. Dete signed (Month, Dey, Year)



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ō	d ked b	TOE	Lafaye	ette	Simpso	n					N	Mary	Myrtle	Robins	son	
a S	N Pu		19a. Informant's N	ame/Ralations	nip (Type, Print)		1	19b. Mailin	g Addrass	(Stree	et and Nun	ber or Ru	ral Route Numb	er, City or Tox	m, State, Z	p Code)
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68760,	auth certificate be executed attending physician and for use as the burial-transit	cal Examiner	Sequantially list conditions, if any, leading to immediate causa. Entar Undarfying Cause (Disease or injury that initiated evants	b.ACUTE BYP D c. SEVERE AT	ASS GRA	FT THRO	OMBOSIS): CARDIOVA	SCULAR	DISEAS	E	HOU	
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_			KRIS M. SHEKITKA,	COL, USAF,	MC		ANDREWS A	IR FOR	CE BASE	MD 20	762-66	00
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State of Maryland / Department of Health and Mental Hygiene 05236 Certificate of Death 1. Dacedant's Name (First, Middle, Last) 2. Data of Death 3 Time of Death **Physician** MARJORIS 8:21 PM Sim Oson 8 FEB /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 9. Birthplaca (Stata or Foreign Country) Pittsburg, Pa linton if Undar 24 Hrs. 8. Data of Birth (Month, Day, Feb 3, Social Sacurity Number 194–36 5928 (In yes, last) B7 If Under 1 Year 7. Aga intriday) **Funeral** Months Davs 1□M 20 F Director Usual Rasidance of Dacadani the Maryland show 10e. Steta 10b. County 10c. City, Town or Location Abuild be moved that the material of them 23s or some marked other than "natural", or items 23s or some marked other than be notified at many awant, the Medical Examiner must be notified at 10d. Insida City Limits Surfside 1 Yas XX No Director S.Carolina Horry 10a. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 1862 Kingfisher Road 29577 United States Funeral 12. Was Dacedent Evar in U,S. Armed Forcas? 13. Was Decadant of Hispenic Origin? (Spacify Yes or No-If Yas, specify Cuban, Maxicen, Puerto Ricen, atc.) 14. Rece - Amarican Indian. Pages 1 and 2 should be filed within 72 hours effer on ent of Health end Mental Hygiene. Int: If Item 27 Is marked other than "natural", or Iter Black, White, etc. 1 Never Merried 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yes 2\\No g Specify. Specify: 3€Widowad 4 □ Divorced Yaar or Dates White Completed 15. Decedant's Education (Specify only highest grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Own Home Housewife trsumatic event, 17. Fether's Neme (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumame) Be William H. Barr 2 Jessica Kennedy 19e. Informant's Name/Ralationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Routa Numbar, City or Town, Stata, Zip Coda) 11713 Mary Catherine Drive, Clinton, Maryland 20735 Judith Bender If item 27 or other t 20a. Method of Disposition
1 ☑ Surial 2 ☐ Cremation 3 ☐ Removal from Stata 20b. Placa of Disposition (Nama of cematary, crematory or other placa) 20c. Location - City or Town, Stete Department of Important: If any Injury or 4 ☐ Donation 5 ☐ Othar (Specify) St. Marks Cemetery Emporia, Pa 21. Signature of Funeral Sarvica License 22. Nama end Address of Fecility Lee Funeral Home, Inc 6633 Old Alexandria Ferry Road, Clinton, Maryland 20735 23a. Part1. Entar the disaasa, or complications thet ceused the deeth. Do not antar the moda of dying, such as cardiac or raspiratory arrest, shock, or haart failura. List only ona ceusa on aach lina. Approximata Intervel Batween Onsat and Deeth **Physician** /Medical Immediata Causa (Final diseesa or condition rasulting In death) VASCULAN ACCIDENT CENPERAL 1 week Examiner Dua to (or as e consequanca of): Examiner or Attanding Physician: The law requires that the death certificate be executed burlel-transit Sequentially list conditions, if any, laading to Immadiate cause. Entar Underlying Cause (Disaasa or Injury that intleted avents rasulting in daeth) Last Dua to (or es a consequence of) Division of Vital Records, P.O. Box 68760. Physician/Medical Dua to (or as a consequence of): for use as the Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? cate has been signed by page 2 should be detact 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24a. Was an autopsy performed? 24b. Were autopsy findings evailable prior to completion of causa of death? After this certificate has 1 Yas 2 🕅 No 1 ☐ Yes 2 ☐ No Be director, 25. Was casa rafarrad to medical examiner? 26. Placa of Daath (Check only ona) Othar: 4 Nursing Home 5 Rasidance 6 Othar (Specify) ဥ 1 Yas 258 No 1 \$\textstyle Inpatiant 2 □ ER/Outpatient 3 □ DOA filled in by the funeral 27. Mannar of Deeth Certification: 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how injury occurred 28c. Injury et Work? 5 Pending 1 Natural To the Hospital or Attandil within 24 hours efter death.

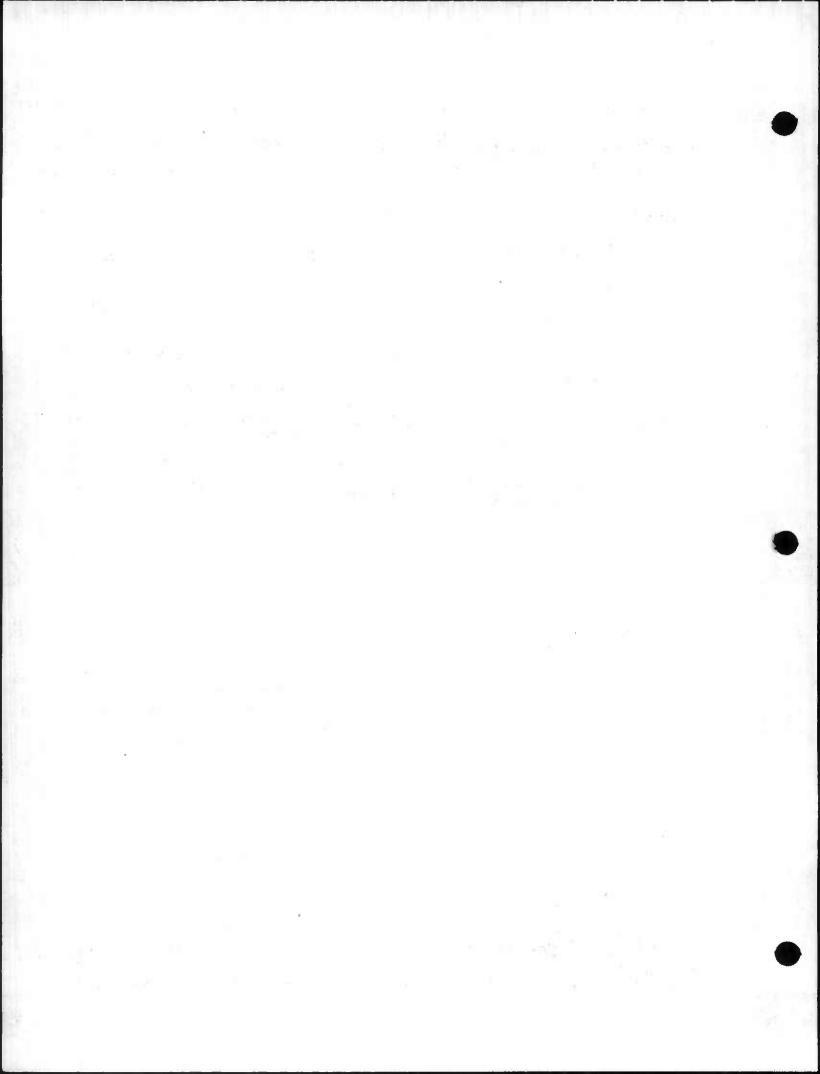
To the Funeral Director: A completely filled in by the fu death. 1 Yas 2 No 2 Accidant Invastigation 3 ☐ Sulcida 6 Could not be detarmined 28a. Placa of Injury - At home, farm, streat, factory, offica building, etc. (Spacify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 4 Homicida 29e. Cartifian 10 Certifying Physician: To tha best of my knowledge, daath occurred at tha tima, data and piece, end dua to tha causa(s) and mannar as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and mennar stated. edical one) 29b. Signatura end titla of certifiar 29c. Licensa number 29d. Data signed (Month, Day, Year) tannel us 135206 10 30. Nama and eddrass of person who complated causa of daath (Itam 23a) (Type, Print) TANNER M.D. 11701 Livingston Road Fort WASHington, MANY (AND

1997 July Davidson Randall

DHMH 16 Rev 6/95

State Registrar 31. Data filad (Month, Day, Year) FEB 1



	Physic		Decedent's Name (First, Middle, JOHN WILI						f Death		Pental H	Reg. No.	9 7 99 ^y 7 ^{ar}	05237
	/Medi Examir		4a. Facility Nama (If not institution, ST. MARY; HOSP)		mber)				4b. City, To		ocation of Dea		ty of Death	S
	Funeral Director		5. Sociel Security Number 578–20–3636	5. Sax 15∑M 2□ F	7. Aga (In	yrs. last birthe	Mont	hs Dey		24 Hrs. Min.	8. Dete of B	irth Year) 26,1924	9. Birthpi Count Wash	ece (Steta or Foreign by) Lington DC
A Company		tor	Usuel Residence of Decedent 10a. Stete 10b. County Maryland Prince	George's		c. City, Town o		2						od. Inside City Limits 1 □ Yea 2 □ No
of the state of	23a or 284	Funeral Director	10e. Street end Number 2121 Scott Key 1				10f.	Zip Code	747			10g. Citizen of U.S.		ry?
4	natural, or items 23s or 28s-f show dical Examiner must be nothing at	þ	11. Marital Stetus 1 ☐ Never Merrled 2 ☑ Marrle 3 ☐ Widowed 4 ☐ Divorced	12. Wes Dece Armed Fo d 1 Tes If Yes, Gin Yeer or D	rcas? 2 □ No ⁄e	In U,S.		ecedent o specify Co s 20 N			ecify Yas or N Rican, etc.)	lo- 14. Re Bi	oce - Amarica ock, White, a	
144	than	Completed	15. Decedent's (Specify only highast Elementery/Secondery (0-12) 12th	Education grada complated) College (1	I-4or 5+)	(6		work don Tuse reti	na during mos ired)			16b. Kind of		vernment
And Alband	d other event,	To Be Co	17. Fether's Nama (First, Middle, La Guy Maurice	e Spri	ng	µvc. V c		ean	18. Moth		e (First, Middl	e, Meiden Sume White		, CLIMOIIC
- 0	BEE		19e. informent's Name/Reletionshi Lisa Szepesi			29	9867 I	Danie			nanicsv	ber, City or Town	20659)
	Department of H Important: if iter any injury or off		20e. Method of Disposition 1 ☑ Burlal 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spe	ocify)			cremetory CCTIC 22. Nema	or other pon Ce	emetery drass of Facili	ity Lee		Clinto	n, Mar	ryland
	hysician /Medical xaminer	Į.	Part Enter the disease bit of shoot or heart Enter List by Immediate Ceuse (Finel disease or condition resulting in death)	0	د 2	deeth. Do not	enter the r	node of d		cardiec	or respiratory		incon,	Approximate Interval Between Onset and Deeth
both conditions of a conditions	50	Medical Examiner	Cause (Diseasa or injury , C. Dua to (or as e consequence of):											
of the best that the dead and	y the	Physician/Med	Pert ii. Other algnificant conditions	contributing to de	eath but no	t resulting in ti	ne underlylr	ng cause	given in Part	i.		d tobacco use c	ontribute to	the cause of death?
The law securios	has been sign ya 2 should be	Completed by									per	es en autopsy formed?	con of o	re eutopsy findings illable prior to appletion of cause leath?
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Dhuelolen.	this ca	2	1 ☐ Yes 2 ☐ No			2□ ER/Outp		DUA		ursing Ho		sidance 6 🗆 O)
	leath. tor: Aftar the funa	Certification:	27. Menner of Death Shaturel 5 Pending 2 Accident Invastigat 3 Sulcide 6 Could no	tion t be	th, Day Ye		M M		Yes 2	No		how Injury occu		Route Number
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- Hoen	n 24 hours a ne Funeral D pletely filled	29a. Certifier (Check only one) 29a. Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner as stated.						eted. the cause(s)						

State Registrar

29b. Signature end title of certifier

290. Signature and time of certifier

290. Signature and time of certifier

290. Determined 29 the drawwest marrially

29c. License number

29d. Dete signed (Month, Day, Year)

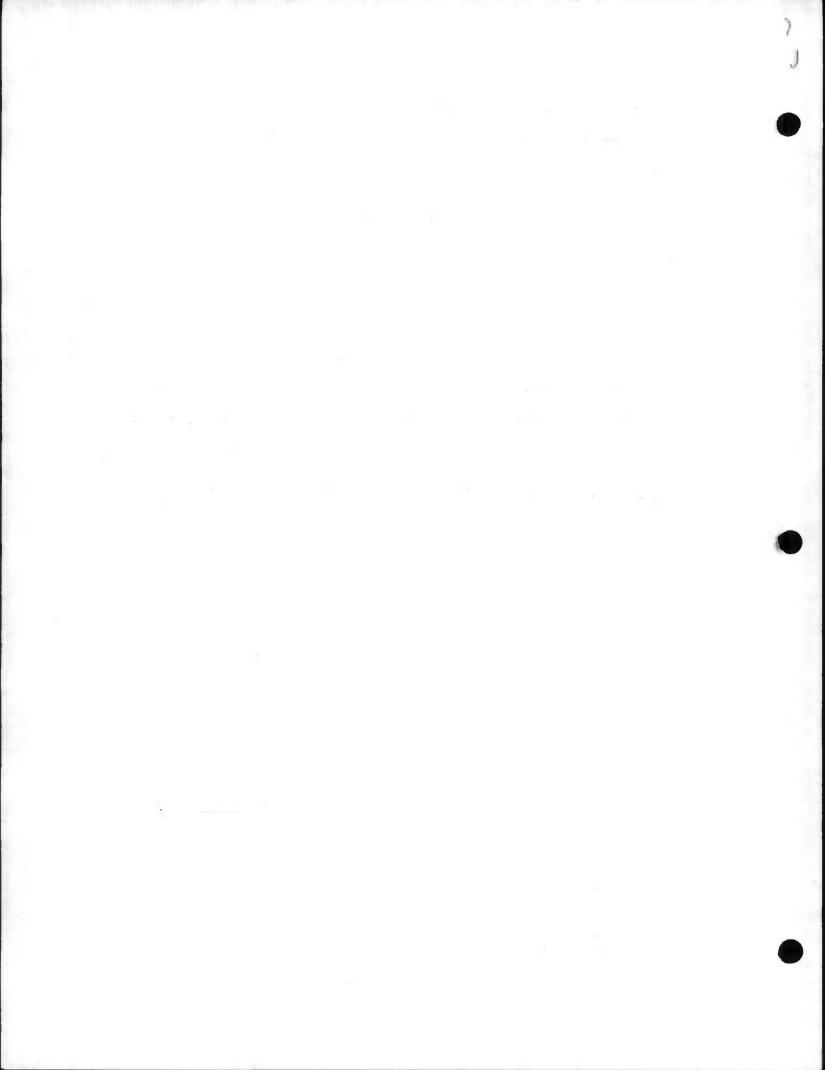
DHMH 16 Rev 6/95

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended item #'s 4a and 26 05238 Certificate of Death per F.D. 2/7/97 Carroll Co. p.1.c. Reg. No. 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** 11:00 pm Louise Elizabeth Schrodetzki February 4, 1997 /Medical 4e. Facility Nama (If not institution, give street and number)
Reeves Care Home 1255 Woodbine Road
Woodbine Read 4b. City, Town, or Location of Daeth 4c. County of Death **Examiner** Woodbine Carroll County If Under 24 Hrs. 8. Date of Birth (Month, Day, Year)

July 23, 1 If Under 1 Year Birthplaca (State or Foreign Country) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) **Funeral** Months Days 1□M 2√F 213-58-2727 Yrs 85 **Director** 1911 Maryland Usual Rasidance of Decedant 10e State 10c. City. Town or Location 10d. Insida City Limits 28a-f show than "natural", or items 23a or 28s-f show the Medical Examiner must be notified at 1 Yas 2 No Director Carroll County Sykesville 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? Funeral 1311 Buckhorn Road 21784 U.S.A. death 12. Was Decedent Ever in U,S. Armed Forcas? 13. Was Decedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indien, Bleck, White, atc. 11 Maritel Status filed within 72 hours after 1 Yas 27 No 1 Naver Merriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐No Specify: by 31♥ Widowed 4 Divorcad Yaar or Datas White natural Completed 15. Dacadant's Education (Specify only highest grade completed) 16a. Dacadant's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Hygiena. Elamentary/Secondery (0-12) College (1-4or 5+) t. Pages 1 and 2 should be filed w trnant of Health and Mental Hygie rtant: If Item 27 is marked other ti hiury or other traumatic event, in Homemaker 8 other i Domestic 17. Father's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middle, Malden Sumame) Be John E. Sipes Mammie Nine 2 19e. Informent's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 Department of Health a Important: If Item 27 is any injury or other trai Mr. Frederick Schrodetzki (son) 1311 Buckhorn Road Sykesville, MD 21784 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1 Burial 2 Cramation 3 Removel from State 4 Donation 5 Other (Specify) 2/8/97 Glen Burnie, MD Cedar Hill Cemetery 21. Signatura of Funeral Sarvice Licensee 22. Nama end Addrass of Facility HAIGHT FUNERAL HOME & CHAPEL (Box 195) 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intarval Between Onset end Death Physician /Medicai Immediata Causa (Final advanula Dislas disease or condition rasulting in death) Examiner Examiner The law requires that the death certificate be executed Sequantielly list conditions, if any, leading to immadiata causa. Entar Undarlying Ceuse (Disaesa or Injury that initiated events rasulting in daath) Lest Due to (or as e consequence of): Box 68760. Physician/Medicai as the Dua to (or as a consaquenca of) Therear Lubar Spin attanding 1 Mays esn P.O. I Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. detached 23b. Did tobacco use contribute to the cause of death? tha signed by 1 Yes 2 No 3 Probably 4 Vunknown Records, by page 2 should be 24b. Wera autopsy findings aveilabla prior to complation of causa of death? Completed 24a. Was an autopsy performed? has After this certificate 1 Yas 2 No 1 ☐ Yes 2 ☐ No of Vital or Attending Physicien: 25. Wes casa rafarrad to medical Be 26. Placa of Death (Check only one) Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Other: 4 Nursing Home 5 Desidence 6 Nother (Specific Home 1 Yas 200 No Certification: To the funeral 28c. Injury at Work? 27. Menner of Death 28d. Dascribe how injury occurred 28b. Tima of Division 1 Naturel 5 Panding invastigation after death. 1 Tyes 2 DNo 2 Accident 6 Could not be determined 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide To the Hospital within 24 hours a To the Funeral D 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mennar as steted.
2 Medical Examinar: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and mannar stated. 29a. Cartifier Medicai 29b. Signature and the of cyfrifier 29c. License number musy, and eddrass of parson who complated causa of death (Itam 23a) (Type, Print) Ellersburg MD TRICK wo 31. Data filad (Month) Day, Year) 32 Registrar's Signetura State Taka davelen FEB 0 Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Items: 23 part I,27,28a-f per MEO G-745 3/26/Derificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day Month **Physician** LASHONE CASSIE SIMMONS FEBRUARY 10,19974:00P.M. /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Desth Examiner 7900 GREENLEAF ROAD PRINCE GEORGES LANDOVER 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. last birthday) 9. Birthplace (Stete or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** Months Hours 1 M 2 F 216-86-4325 Yrs. Director 29 03-02-67 Washington DC Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Director Prince George's 1 XYes 2 No Maryland Landover 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 or Herne 23a 7710 Pennbrooke Place 20785 USA Funeral death 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Status 14. Race - American Indian. Black, White, etc. a filed within 72 hours efter all Hygiene. 1 ☐ Yes 2 ☑ No 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Year or Dates: Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working lifa. DO NOT use retired) Elemantary/Secondary (0-12) College (1-4or 5+) 12th Piece Worker Private 17. Father's Name (First, Middle, Last) permit. Pages 1 and 2 should be file Depertment of Health and Mental Hy Important: If Item 27 is marked othen any loury or other traumatic event 2005. 18. Mother's Name (First, Middle, Malden Sumame) Be James Stafford Mary Simmons 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mary Stafford/Mother 7710 Penbrooke Place, Landover, Maryland 20785 20a. Method of Disposition 20b. Place of Disposition (Name of cametery, crematory or other plece) 20c. Location - City or Town, State 1 ☐XBurial 2 ☐ Cremetion 3 ☐ Removal from State Harmony Memorial Park 2/17/97 Landover, Maryland 4 Donation 5 Dother (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Percentre J.B. Jenkins Funeral Home 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata Approximata Nanc Interval Between Onset and Death Physician /Medical Immediata Cause (Final DROWNING AND HYPOTHERMIA disease or condition rasulting in death) **Examiner** Due to (or as a consequence of): Examiner The law requires that the death certificate be executed physician and s the buriel-tren Sequentially list conditions, if any, leading to immediate causa. Enter Undarlying Cause (Disease or Injury that initiated evants rasulting in death) Last Due to (or as a consequence of): Box 68760. Physician/Medical Due to (or as a consequence of) as for use as P.O. ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed t Records, þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy page 2 s 12TYes 2 No 1 Yes 2 No certificate Division of Vital or Attending Physician: director, Be 25. Was case referred to medical 26. Placa of Daath (Check only one) Other: 4 Nursing Home 5 Residence expOther (Specify) CREEK Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 XYes 2 No To the Hospital or Attending Physi-within 24 hours efter deeth. To the Funeral Director: After this c completely filled in by the funeral dir Certification: To this 27. Mannar of Death 28a. Date of Injury FOUNTO (NDay Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural fourier at investigation 1 ☐ Yes 2/1 No 2 Accident 2/10/97 2:50 PM Decedent was drowned 6 Could not be datermined 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 7710Penbrook Rd. 4XX Homicida Found in the woods Landover, Md. 29a. Cartifiar 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and manner as stated.

2 Madical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated. Medical (Check only onel 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

State Registrar

31. Date filed (Month, Dey, Year) 14

30. Name and address of person who complated cause of death (Item 23a) (Type, Print)

Farler 111 Penn Street, Baltimore, Maryland 21201

O.C.M.E.

FEBRUARY 11,1997

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3 Time of Dooth Month **Physician** ARTHUR SMITH 29, 1997 NORMAN January 11:15 PM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 5607 Cypress Creek Drive, Apt. 202 Hyattsville Prince Georges If Under 1 Yeer | If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthday) 6. Sex 8. Dete of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 120 M 2□ F Months Deys Hours Yrs. 230-34-4243 Oct.5, 1927 Pamplin, VA Usuel Residence of Decedent 10a Stete 10b. County 10c, City, Town or Location 10d. Inaide City Limits 1 Ves 2 □ No Director Prince Georges Hyattsville 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 5607 Cypress Creek Drive, Apt.202 20782 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. No light of the state of the s 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 ☑ No Specify: þ 3 ₩idowed 4 Divorced Specify: **Black** Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b, Kind of Business/Industry (Specify only highest grede completed) Elementery/Secondery (0-12) College (1-4or 5+) Hecht Co. 4+ Engineer 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be Mattie Gerryman Charles Smith 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5607 Cypress Creek Dr. Hyattsville, MD 20782 Joyce C. Thorpe- Daughter 20b. Pleca of Disposition (Name of cametery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) 2-3-97 Brentwood, MD Ft. Lincoln Cemetery 22. Name and Address of Facility
Marshall's Funeral Home, Inc. 21. Signeture of Funerei Service Licensee Mara 4217 9th Street N.W., Wash DC 20011 23a. Fart. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. Approximete Intervel Between Onset end Deeth Immediate Cause (Final LIVEN DAILUNN disease or condition resulting in deeth) 2 uns Due to (or es a consequença of): Examiner MEMSOMO CANCINOMA 4 ms Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of): PANCAEARU CANCINOMA Physician/Medical Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24e. Wes an eutopsy performed? 1 ☐ Yes 2 ☐ No 1 Tyes 2 No Be 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) 10 Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury at Work? 1. Netural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 281. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, fectory, office bullding, etc. (Specify) 4 Homicide edicai 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29e. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Silver / Stars Schin 3/3/97 D 17368 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) 20902

2101 Medical Park Drive, #201 Silver Spring, MD

The law requires that the death certificata be executed Division of Vital Records, P.O. Box 68760 Attending Physician: ò

Funeral

Director

rthan "natural", or items 23a or 28a-f show the Medical Examiner must be notified at

the Maryland

death with

filed within 72 hours after of Hygiene. therefore the han "natural", or item

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permit. Pages 1 and 2 should be file Department of Health and Mental Hy, Important: If flem 27 is marked othe any injury or other traumatic event, page.

Physician /Medical

Examiner

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Hospital 24 hours

Baltimore, Maryland 21215-0020

To the Hosp within 24 hou To the Fune completely fi

Registrar

31. Dete filed (Month, Day, Year) FEB 05 1997

Stanley A. Schwartz, M.D., F.A.C.P. 32. Registrer's Signeture Jaki Studeor Re

Manager of the state of the sta

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q 7 0 5 2 1, 1

Physicia /Medic					Certifica	ate or	Death		Reg. !	No.		3241
	a n	1. Decedent'a Name (First, Middle, Las.)					2. Dete of Month	Death	Day	Year	3. Time of Dea
		Jerry M.	Summers					Febru				2:50 A
Examin		4a. Facility Name (If not institution, give	street and number)				4b. City, Town	, or Location of D		4c. County	of Death	
		5300 Buchanan Str	eet			В	lyattsv	ille		Princ	e_Geo:	rges
Funeral Director		5. Social Security Number 6. Se 238–62–6211	X 7. Age (In	yrs. last bit	Yrs. If Uni	der 1 Year	If Under 24	Min. 8. Date of (Month,	Birth	ar)	9. Birthpia Country N. Ca	ce (State or Fo
*		Usual Residence of Decedent 10a. State 10b. County	10	c City Tow	n or Location						10	4.114. @2. 14
show	5	Maryland Prince Go									100	f. Inside City Li Y☐ Yes 2□
288-1	Director		eorges H	yatts								
0.8	ក់	10e. Street and Number				Zip Code 20781					/hat Country	y?
23	eral	5300 Buchanan Str		1- 110						ted S		• "
iena. r than "naturel", or items 23a or 28a-f show the Medical Examiner must be notified at	by Funeral	11. Maritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever Amed Forces? 1 Pyes 2 No If Yes, Give Year or Dates: 60-			pecify Cube	Specify:	? (Specify Yes or Puerto Rican, etc.)	No-		a - Americer k, White, et Wh:	
an "natur Medical	Completed	15. Decedent's Edu (Specify only highest grad Elementary/Secondary (0-12)		16a	Decedent's U (Give kind of life. DO NOT	sual Occup work done Fuse retired	etion during most of d)	working	16b.	Kind of Bu	siness/Indu	stry
Hygiana. ther than " ent, tre Ve	E	12	College (1-401 04)	Ca	arpente	r			C	onstr	uction	n
d other event, t	Bec	17. Fether's Name (First, Middle, Last)					18. Mother's	Neme (First, Mid	idle, Maid	en Sumam	θ)	
Aanti rked fice	To	Thomas Summers					Leath	a Albea				
th and Mantal to I've marked of treumatic eve		19a. Informant's Name/Reletionship (T)	rpe, Print)	19b	. Mailing Addre	ess (Street	and Number o	or Rurel Route Nu	mber, Cit	y or Town,	State, Zip C	ode)
		Jeannette Summers	Wife	530	00 Buch	anan	St. Hy	attsvill	e, M	d. 20	781	
of Haaltl f itam 27 w other t		20a. Method of Disposition 1 ☐ Burial 2 🖺 Cremation 3 ☐ F		0b. Place o	f Disposition (A	Vame of		Date			City or Town	n, Stete
unt: It		4 Donation 5 Other (Specify)	Iemoval from State	Ft. Li	incoln	Crema	tory	2-5-97	Br	entwo	od, Mo	1.
Department of H Important: If ital any injury or off once.		21. Signeture of Funeral Service Licens	9 11					Ft. Linc				
		Jours A. A	rant					Rd. Bren		d, Ma	ryland	1 20722
		23a. Peri 1. Enter the disease, or compi shock, or heart failure. List only or	cetions thet ceused the ne cause on each line.	death. Do	not enter the m	ode of dyin	g, such es ca	rdlec or respirator	y errest,		lr Ir	pproximate ntervai Between
ıysician Medical		Immediate Cause (Final										Inset and Deat
kaminer		disease or condition resulting in death)	Metas	statio	Adino	carci	noma					3 Month
	<u>-</u>	,	Due	to (or es a	consequence o	of):						
nsit	듣)		,							
physician and s tha burial-transit	Examiner	Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying Cause (Disease or injury	Due	to (or as a	consequence o	of):						
	edical	that initiated events	Due (to for on a	consequenca o	0.						
	<u>B</u>	resulting in death) Last	Due	10 (01 03 & 0	orisoquerica o	1).						
attandin for use	2		l									
d for	Cla	Part II. Other significant conditions con	tributing to death but not	t reculting in	the underlying	n course ois	on in Bod I	22h F	old tobace	20 1100 000	telburto to ti	ne cause of de
igned by the a	Physician/	Tarrii. Ouror significant conditions con	and the to death but no	r resulting ii	i tile tiliteriying	g ceuse givi	en in Pail I.					bly 4 ⊡ Unkı
ped e dat	by P									₹\$€	3 Proba	ory 4 Oriki
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s been 2 shoul	Completed							_ P	erformed?		comp of de	able prior to eletion of cause ath?
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00	ToB	examiner?	lospitel:	2 ER/O	tpetient 3 1	DOA Oth	or:	ng Home 5 KR		6 □Othe	r (Specify)	200
更是		27. Menner of Death	28a. Date of Injury (Month, Day Yea	28b. 1	ime of	28c. Injun World		28d. Descril				
ath. r: After ie funa	atio	1 ☑ Naturai 5 ☐ Pending 2 ☐ Accident investigation	(World, Day Tea	" "	njury M		Yes 2 □ No					
Director:	을	3 Suicide 6 Could not be determined	28e. Piace of Injury -		rm, street, fecto	ory, office					or or Rural F	loute Number,
ers arrar death.	Certification:		building, etc. (Sp	July)				City of	Town, Ste	.10/		
	edical	29a. Certifier (Check only one) 1X Certifying Physical Examination (Check only one) 1 Medical Examination (Check one) 1 Medical Examination (Check one) 1 Medical Examination (Check one) 1 Medical Examination (Check one) 1 Medical Examination (Check one) 1 Medical Examination (Check one) 1 Medical Examination (Check one) 1 Medical Examination (Check one) 1 Medical Examination (Check one) 1 Medical Examination (Check one) 1 Medical Examination (Check one) 1 Medical Examination (Check one) 1 Medical Examination (Check one) 1 Medical Examination (Check one) 1 Medical Examination (Check one) 1 Medical Examination (Check one) 1 Medical Examination (Check one) 1 Medical Examinat	Ician: To the best of my er: On the basis of exer end manner stated.	knowledge	, death occurre d/or investigation	ed at the tim on, in my of	ne, date and p	lace, and due to to occurred at the time	he ceuse ne, date a	(s) end mar nd piace, a	ner es stete nd due to th	ed. ne cause(s)
	the same	29b. Signature end title of certifier	/		2	9c. License	number		29d. D	ete signed	(Month, Da	y, Year)
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100		10.					10					
40		· Low 19.	4			D250	, 0		Feb	ruary	5 19	97
E 2 6		30. Name and address of person who co Don H. Yablonowitz	6.20		100000000000000000000000000000000000000	200 Su				ruary	7 5 19	97

State of Maryland / Department of Health and Mental Hygiene

the than 'natural, or term 23e or 28ed show than 'natural, or term or 28ed show the terminer must be notified at completed by Funeral Director	S 5. 5. 10 44 41 11 11 11 11 11 11 11 11 11 11 11	ROBERT I. Facility Name (If not Institute HADY GROVE) Social Security Number 178–27–4431 Sual Residence of Decadent 10b. Court 10b. Street and Number 12.01 Cathedra.	ADV	ENTIS	nber) T HO:	SPITA	Δ T.			LVA City, Tow		ANUA:		8,19		:38P.M
Examiner must be notified at opposite by Funeral Director	5. 5 0: 10 4	Social Security Number 78–27–4431 sual Residence of Decadent 10b. Cour 10b. Street and Number	6. Se	ex	7. Age (In		ΔΤ.						40.	County of	Death	
Examiner must be notified at opposite by Funeral Director	10	sual Residence of Decadent Oa. State 10b. Cour	1]			yrs. lest birti		(11.4		OCKV					MERY	
disal Examiner must be notified at eted by Funeral Director	10 4	Da. State 10b. Cour	nty			١		f Undar 1 Y lonths D	ays	Hours	Min.	. Date of B (Month, D une 1	irth lay, Year) 1, 1	968 0	9. Birthplac Country	State or Forei
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dical Examiner m			l Av	enue, #	1013W	7		10f. Zlp Co 20	ode 1008				10g. Citi Ecua		at Country	
disal disal		. Marital Status 1 □ Naver Married 2 □ M 3 □ Widowed 4 ※ Divorce		12. Was Dece Armed For 1 ☐ Yes If Yes, Giv Year or Da	rcas? 2 X No a	in U,S.		Dacadant es, specify Yes 2			n? (Speci Puarto Ri	fy Yas or N can, etc.)		Black, Specify:	American White, etc.	
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a Mar		Elementary/Secondary (0-12		College (1	-4or 5+)			NOT use real			y		Self	f_Fmr	loyed	1100
CO	17	. Father's Name (First, Middle	le. [ast)				ar S	arcoll		R Mathart	Name 4	Firet Middel			_	
affic ever		Medardo	J, 2031)	Silv	a					-	ana	First, Middle	Zapa		134	
er traume	19	9a. Informant's Name/Relatio Susana. Zapata		ype, Print)								Route Numl			tate, Zip Co 195	de)
ury or oth	20	a. Method of Disposition 1 X Burial 2 ☐ Cramatio 4 ☐ Donation 5 ☐ Other				b. Place of cemetery /arylan	. cremeto	or other	r plece)		Feb	Date CUBICY 1997		cation - Ci	ity or Town,	State
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Examiner		sulting in death)	•	b. ———		o (or as a co		ca of):								
the but		equentially list conditions, any, leading to immediate luse. Enter Underlying ause (Disease or injury at Initiated events sulting in death) Last	{	c		o (or as a co										
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should	-												an autop ormed?	esy	avallat	autopsy finding: ble prior to ation of cause th?
Pege 2												10	Yas 2	□No	10/48	is 2 No
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n by the		3 Suicide 6 Coul	1111111	28e. Placa buildin	of Injury - A g, etc. (Spe	t home, fam ecify)						Location (City or To	(Street and wn, Stete)	d Number	or Rural Ro	ute Number,
pletely fill	29	a. Certifier (Check only one) 1 Certify 2 Medica	ing Phys ai Exami	elcian: To the to ner: On the bas and mann	sis of exam	knowledge, ination and/	death occ	curred at th gation, In n	ne time, ny opin	date and plon, death	placa, and occurred	due to the at the time,	cause(s) date and	and menn placa, and	er as stated d due to the	l. cause(s)
N S	29	b. Signature and title of certif	iar	. (/				29c. Lic	cense n	umber			29d. Date	e signed (/	Month, Dey	Year)
	30	Name and address of parso	n who m	he J	of death /	ر اtem 23a) (T	VDe Print		o.c	.M.E	•		JANU	JARY	29,	1997
	1	1ARGS pin) 1	· Kon s					n S	tree	t, E	Balti	more	e, M	aryla	and 21

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State of Maryland / Department of Health and Mental Hygiene 97 0521, 3

						Certificate o	f Death		Reg. No.	, 0	0240
Г			1. Decedent's Neme (First, Middle, La	ist)				2. Dete of De	eth		3. Time of Death
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j.	Examir		4e. Fecility Neme (If not institution, glv				4b. City, Town, or				
7	EAGIIII		Gladys Spellman	Nursing Hom	ne .		Cheverly		Prince	Geor	ge's
۲	Funeral		5. Social Security Number 6. S		In yrs. last birti		ar II Under 24 Hrs	8. Date of Bir	th		ce (Stete or Foreign
	Director		577-10-3754 Usuel Residence of Decedent	1□ M 2XF 93	Υ	rs. Months Dey	ys Hours Min	July 17			vlvania
	ylan		10e. Stete 10b. County	1	Oc. City, Town	or Location				10d	d. Inside City Limits
	the Mer 28a-fal	Director	Maryland Prince G	eorge's U	nivers	ity Park	9		10g. Citizen of W	/het Countr	1 ∑ Yes 2 □ No
	3a o		6709 Forest Hill	Drive		20782			U.S.A.		
	death	Funeral	11. Mentei Stetus	12. Wes Decedent Ev	er In U,S.	13. Was Decedent of If Yes, specify C				- American	n Indien,
21215-0020	filed within 72 hours efter death with the Meryland bygiene. ther than "natural", or items 23a or 28a-f show out, the Medical Examiner must be notified at	by	1 ☐ Never Married 2 ☐ Merried 3 🎇 Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give △ Yeer or Detes:		If Yes, specify C		to Rican, etc.)		k, White, etc White	
2-0	72 ho	Completed	15. Decadent's Ed	ducation	16e. l	Decedent's Usuel Occ	cupetion	odein m	16b. Kind of Bus	siness/Indu	stry
2	within 7 ene. than "r	pie	(Specify only highest gra Elementery/Secondery (0-12)	Coilege (1-4or 5+)		(Give kind of work dor life. DO NOT use reti	ne during most or wo ired)	nking			
	filed withi Hygiene. rther than	No.	3		Ho	memaker			Own Hon	ie	
Maryland	be filed d other event,	Be (17. Fether's Neme (First, Middle, Last,)			18. Mother's Ne	me (First, Middle,	, Meiden Sumeme	a)	
la		2	Joseph Hottinger				Mary K1	otzbuche	r		
an	d 2 should th end Men 7 is marke traumatic		19e. Informent's Name/Relationship (Type, Print)	19b.	Meiling Address (Stre	et and Number or R	ural Route Numb	er, City or Town, S	Stete, Zip C	(ode)
	C TO NO.		Alexander Sargie	s,Jr Son	67	09 Forest	Hill Driv	e Unive	rsity Pa	irk, Md	1. 20782
Baltimore,	8 6 5		20e. Method of Disposition		20b. Pleca of	Disposition (Neme of	oleca)	Dete	20c. Location - 0	City or Town	n, State
Ĕ	ac ent		1X Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif			f Heaven C		2/5/97	Silver S	Spring	g, Maryland
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	Dhamining		23e. Pert1. Enter the disease, or com shock, or heert feilure. List only	one ceuse on each line.	0 000000	0. 0.110. (10 77000 01 0	ymy, sawr as caraic	o or respiretory e	11001,	i In	ntervei Between Onset and Deeth
'n	Physician /Medicai		Immediete Ceuse (Finel	DEC	DIR	ATORY	EAL	LURE	_		0
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o.	that the deled by the electron deteched is	Physician/	Part II. Other significant conditions of	ontributing to deeth but r	not resulting In	the underlying cause	given in Pert I.	23b. Did	tobacco use con	tribute to th	he cause of death?
<u>a</u>	thet the							1 🗆	Yes 2 No	3 Probal	bly 4 Unknown
Vital Records,	8 5 8	ğ							Т		,
0	v requires been sign should be	Completed							an eutopsy ormed?	availe	e eutopsy findings able prior to pletion of cause
ec	aw 2 s	pje								of de	ath?
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ta	ysician: The s certificete director, pag	Be (25. Wes case referred to medical exeminer?				26. Piece of De	eth (Check only o	one)		
-	G Z	2	1 Yes 2 No	Hospitel:	2 ER/Out	patient 3 DOA	Other: 4 Nursing I	Home 5 Resid	denca 6 □Othe	r (Specify)	
101			27. Menner of Deeth	28e. Date of injury (Month, Dey Y	28b. Ti	me of 28c. in lury	jury et	28d. Describe	how injury occurre	be	
Division	Attending I or deeth. ector: After by the fune	Certification:	1 Accident 5 Pending Investigation		eat/ III		☐ Yes 2☐ No				
Z S	f or Attend efter deeth Director: / d in by the f	110	3 ☐ Sulcide 6 ☐ Could not be determined	Zoe. Piece of injury	- At home, fen	m, street, fectory, offic	Xe Xe		Street end Numbe	or or Rural F	Route Number,
	d in	ert	- Hornicide	building, etc. (Specity)			City or To	wn, Stere)		
	To the Hospital or within 24 hours efter To the Funeral Director completely filled in		29e. Certifier 1 Certifying Ph	yalclen: To the best of n	ny knowledge,	deeth occurred et the	time, dete end piece	a, end due to the	cause(a) end mar	ner as stat	ed.
	Pu Fu letel	edicai	(Check only one) 2 Medical Exam	niner: On the besis of ex end menner state	aminetion end	or Investigation, in my	y opinion, deeth occ	urred at the time,	dete end pieca, s	nd due to th	ne ceuse(s)
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	(2)		30. Name and address of pareon ::-	completed sauce of deat	h /item 03-) /3	Type Brinsh A	2 40 0	7	-01		
-	3/		30. Neme and address of person who	M); (TUS	238/(1	it chel	ville Re	ad: #	220; BI	JWic.	7. e-MJ-2071
	Sta	te	31. Dete filed (Month, Day, Year)	32 Registrer's	Signeture	,				-	
	Registr	-	FFR 05 199	32 Registrer's	relien han	dath					
			FED OF 100	- 1/							

State of Maryland / Department of Health and Mental Hygiene

05244 6 1/5 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 10:26 PM **Physician** SUMMERS HER BERT EUGENE JANUARY 30 /Medical 4a. Facility Nama (If not institution, giva, straat and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner PRINCE GEORGES PRINCE GEORGES HOSPITAL CENTER CHEVERLY If Under 1 Year | If Under 24 Hrs. 8. Data of Birth (Month, Day, DEC 4, ...) 6. Sex. 1 ☑ M 2 ☐ F 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** Months 579-42-9589 61 Director North Carolina Usuai Rasidence of Decedant the Maryland 10a, Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at fXXYas 2 □ No Director N/A N/A Washington, D.C. 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 8 23a 5821 Field Place, N.E. #302 20012 United States Funeral items! 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxicen, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, White, atc. filed within 72 hours after thygiene. 1 ⊠Yas 2 □ No If Yas, Giva Yaar or Datas: 56–59 1 ☐ Nevar Married 2 ☐ Marriad Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: Black þ 3 Widowed 4 Divorced Completed 15. Decedant's Education (Specify only highast grade completed) 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Eiamantary/Secondary (0-12) Collega (1-4or 5+) Mail Courier Postal 12 other permit. Pages 1 and 2 should be file Department of Health and Mental Hy, Important: if item 27 is marked othe any injury or other traumatic event, once. 18. Mother's Nama (First, Middla, Maidan Sumama) 17. Fathar's Nama (First, Middla, Last) Be Brant Summers Mary Frost P 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 1449 Southern Avenue #P2,0xon Hill, Md. 20745 Irene Summers (wife) 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1 N Burial 2 □ Cramation 3 □ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) QUANTICO NATIONAL CEM. 2/5/97 Triangle, Virginia 22. Nama and Addrass of Facility ALEXANDER S. POPE FUNERAL HOMES M859 5538 Marlboro Pike, Forestville, Md. Part I. Enter the disaase, or complication, or heart failura. List only on plications that cousail the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, on course on effect line. Approximata intarval Batween Onsat and Death **Physician** /Medical immediata Causa (Final disaasa or condition resulting in daath) ARTERIUSCUEROTIC CARDIOVASCULAR DISEASE Examiner Dua to (or es e consequance of): Examiner physician and the burial-transit that the death certificate be executed Sequantially list conditions, if any, laading to immadiata ceusa. Entar Underlying Causa (Disease or injury that initiated events rasulting in daath) Lest Dua to (or as a consequence of) Box 68760. Physician/Medical Dua to (or as a consequence of): P.O. Part It. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed to Division of Vital Records, þ should b 24b. Wara autopsy findings availabla prior to complation of causa of death? Completed 24a. Wes an autopsy performed? certificate 1 Yas 1 Yas 2 No Hospital or Attanding Physician: Be 25. Was cese rafarred to medical 28. Place of Deeth (Check only one) Certification: To Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No 25 ER/Outpatient 3□ DOA 1 Inpatiant this 27. Mennar of Death 1 Natural 2 Accident 28a. Data of injury (Month, Day Year) 28b. Tima of 28d. Describe how injury occurred 28c. injury at Work? After 5 Panding death. 1 TYas 2 No invastigation ofter death Director: 6 Could not be datarmined 3 Sulcida 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, larm, streat, factory, office building, atc. (Specify) 2 4 T Homicide filled 24 hours hours cal 29a. Cartifiar 1🖵 Certifying Physician: To tha best of my knowladga, death occurrad at tha tima, data and place, and dua to tha causa(s) and mannar as stated. completely (Check only one) Medicat Examinar: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the Within 2 29b. Signature and titla of certifiar 29c. Licansa nymber DEPUTY MEDICAL EXAMINED D 33954 29d. Date signed (Month, Day, Year) JANUARY 31, 1997 30. Nama and addrass of person who complated ceuse of death (Itam 23a) (Type, Print) 3001 HESPITAL PRIVE, CHEVERLY, MARYLAND 20785 MO MARIO GOLLIA 32 Registrar's Signature 31. Data filed (Month, Day, Year) State Registrar FFB 04

State of Maryland / Department of Health and Mental Hygiene

05245 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Month NINA /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner - Bayaisie Genisis Elder Care Conton RIK tow Marys ering ton if Under 1 Months 5. Social Security Numbe 176 32 5961 7. Age (In yrs. last birthday) Date of Birth (Month, Day, 12 30 9. Birthplace (State or Foreign Country) **Funeral** 1 M 2 F Days Hours Min 82 Yrs. Director UNKNOWN 1914 Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location show 10d. Inside City Limits "natural", or items 23a or 28a-f show Director ST. INIGOES Y☐ Yes 2 No MD 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? with **BOX 158 STAR ROUTE** 20684 USA Funeral deeth 11. Maritel Stetus 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Orlgin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Peges 1 and 2 should be filed within 72 hours efter onent of Health and Mental Hygiene. Int: If item 27 is merkad other than "natural", or ite Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2√ No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yas 2√☐ No by 3 Widowed 4 □ Divorced Specify: WHITE Completed th and Mental Hygiene.
7 is marked other than "natur traumetic event, the Medical 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry Elamantary/Secondary (0-12) Collage (1-4or 5+) UNKNOWN UNKNOWN UNKNOWN 17. Father's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Malden Surname) Be UNKNOWN 10 UNKNOWN 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) nt of Health a H Item 27 is or other train BAYSIDE NURSING HOME 1500 GREATMILL RD, LEXINGTON PARK, MD 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Pege Department of Important: If any Injury or 25 97 GEORGETOWN MED SCHOOL WASHINGTON, DC 4 N Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility AUSTIN ROYSTER FUNERAL HOME 3821 14TH ST NW WASH DC 20011 e auster 23e. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart faillyfe. List only one cause on each line. Approximate Intervai Betwee Onset end De **Physician** /Medical Immediate Cause (Finel disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner The law requires that the death certificete be executed ettending physician and I for use es the bunel-trensi Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury that initiated events rasulting in death) Last Due to (or es e consequence of): P.O. Box 68760, Physician/Medical Due to (or es e consequence of) Part II. Other significant conditions contributing to death but no resulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the signed by 1 Yee 2000 3 Probably 4 Unknown Division of Vital Records, Be Completed by ed bluods 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? peen hes page 2 2 1 this certificate 1 Yes 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: funeral director, 25. Was cese refarred to medicel examiner? 28. Placa of Death (Check only ona) 1 Yes 2 do Hospitai: Other: 4 Sursing Home 5 Residence 8 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death Medical Certification: 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After 5 Pending ours after death. 1 ☐ Yes 2 🗆 No Investigation 3 Suicide 6 Could not be datarmined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide within 24 hours a To the Funeral D completely filled 1 Sertifying Physician: To the best of my knowledga, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a, Certifier 9 29b. Signeture and title of certific 29c. License number 29d. Dete, signed (Month, Dey, Year) 30. Nam ted ceuse of death (Item 23a) (Type, Print) MD Alleh 601 1 de 32 Registrar's Signature 31. Date filed (Month, Day, Year) State FEB 04 Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 07

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п	Physici	an	Decedent's Neme (First, Middle, Last	•					2. Dete of Dea Month	Dey	Year	3. Time of Death	h
J	/Media		Charles Milton						January	31, 19		6:50 IM	
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	44-1		Anne Arundel Medi			WILL-A	- 1 V	Annapolis		Anne .			
	Funeral Director		5. Social Security Number 6. Se 579-22-1091 Usuel Residence of Decedent	7. Ag	e (In yrs. last bir 1	Yrs. If Und	Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Day Feb. 14	Year) , 1925	9. Birthple Counti	ece (State or Fore ry) ida	<i>∍ig</i> n
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120	permit. Peges 1 and 2 should be filed within 72 hours after dea Department of Haelth and Mental Hygiena. Important: If itam 27 is marked other than "natural", or items any injury or other traumatic event, the Medical Examiner as any injury or	by Funeral Director	11. Meritel Stetus 1 ☐ Never Married 2 ☐ Merried 3 ☑ Widowed 4 ☐ Divorced	12. Wes Decedent Armed Forces? 1 📉 Yes 2 🔲 If Yes, Give Year or Detes:	No			tispanic Origin? (Sp an, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)	Specify	e - America ck, White, e	etc.	
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Baltimore,	Departimpor any in		21. Signature of Funegal Structure. Licens	88		Georg	e P.	Kalas Fu Hill Rd.			207	45	
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	To the Hospital or Attending Physician: within 24 hours efter death. To the Funeral Director: After this certific completaly filled in by the funeral director.	Medical	29e. Cartifier (Check only one) 1 Certifying Phy 2 Medical Exami	sicfan: To the best ner: On the basis of end menner st	examinetion en	, deeth occurre d/or Investigetion	d et the ti	me, dete end pleca, opinion, deeth occur	and due to the cred et the time, d	ause(s) end me late end piece,	and due to	eted. the cause(s)	
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State of Maryland / Department of Health and Mental Hygiene

05247 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Dete of Deeth 3 Time of Death 1997 Month 01 **Physician** CLARENCE HENRY SHEPHERD 8:04 PM 28 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 1607 Columbia Avenue Landover Prince George's If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year Birthplaca (State or Foreign Country) 8. Data of Birth (Month, Day, Year) **Funeral** Days Months 10X M 2□ F Yrs 214-32-7946 .61 Director 06 22 1935 Maryland Usual Rasidance of Dacedant permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or itema 23a or 28a-f show any Injury or other traumatic event, the Medical Example must be now a single. 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Prince George's 1 Yas 2 No Director Landover 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 1607 Columbia Avenue 20785 U.S.A. Funeral 13. Was Dacedant of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Maxican, Puarto Rican, atc.) 11. Meritel Status 12. Was Decedant Ever In U.S. 14. Race - American Indian, Armed Forcas?
1 ☐ Yes 2X No
If Yes, Giva
Yeer or Datas: Black, Whita, atc 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: Black þ 3 Widowed 4 Divorced Completed 15. Decedant's Education (Specify only highast grada completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elemantery/Secondary (0-12) Collega (1-4or 5+) Truck Driver Private 12th 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumeme) Be Lawrence Shepherd Mary Adair 2 19a. tnformant's Name/Raiationship (Type, Print) 19b. Melling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) Joyce Shepherd/Wife 1607 Columbia Avenue, Landover, Maryland 20785 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition Date 20c. Location - City or Town, State 1 Bunal 2 □ Crametion 3 □ Ramoval from State 02/01 Harmony Memorial Park 4 ☐ Donation 5 ☐ Othar (Specify) Landover, Maryland 1997 21. Signature of Funeral Service Licensee J. B. JENKINS FUNERAL HOME A. Percen 7474 Landover Road, Landover, Maryland 20785 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest shock, or heart feilure. List only one ceuse on each line. Physician Immediata Ceusa (Final disaasa or condition rasulting in daath) /Medical Examiner Dua to (or as a consequence of): Examiner SPORTE requires that the death certificate be axecuted physician and the burial-transit Sequantially list conditions, if any, laading to Immediata causa. Enter Underlying Causa (Disaasa or Injury that Initiated evants rasulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as e consequance of): 88 USB signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown à 24b. Ware eutopsy findings availabla prior to completion of cause of death? 24a. Wes an autopsy performed? Completed has page 2 certificate 1 ☐ Yas 2UNo 1 ☐ Yas 2 ☐ No or Attending Physician: funeral director, 25. Wes case refarred to medical examinar? Be 26. Placa of Death (Check only ona) Hospitei: Othar: 4 Nursing Homa 5 Aasidance 6 Other (Specify) 1□ Yes 2D No 2 1 Inpatient 2 ER/Outpatient 3 DOA this 27. Manner of Death Certification: 28b. Time of 28d. Dascribe how injury occurred 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? After 5 Pending Investigation 1 Netural 24 hours after death. 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 4 Homicida Hospital 29a. Cartifian 1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, date and plece, end dua to tha ceusa(s) and mannar as stated. Medical 2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) within 2 To the 29d. Dete signed (Month, Day, Year) 29b. Signature and title of estifier 30. Nama and address of parson was completed causa of death utam 23e) (Type, Print) M.D., Margaret Akpan, 5128 Landover Road, Landover, Maryland 20785 31. Date filed (Month, Day, Year) 32. Registrar's Signatura State Falia Studier Ranfall

DHMH 16 Rev 6/95

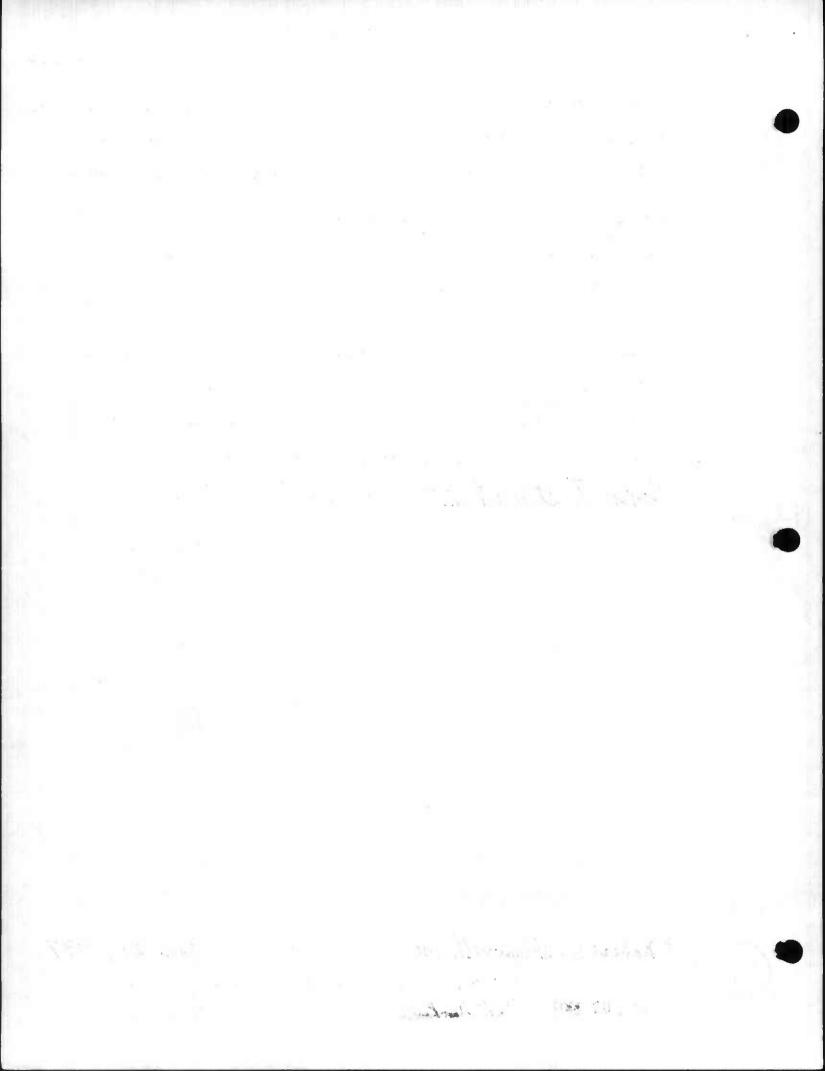
Registrar

FEB 03

State of Maryland / Department of Health and Mental Hygiene 97 05248

				C	ertificate of	Death		Reg. No.		00210
(J. J. W.)		1. Decedent's Nama (First, Middle,	Last)				2. Date of D	eath	100	3. Time of Death
Physic		JESSE CART	ER SIMS				Jan. 2	Day 29. 199	Yaar 7	10:00 A.M
/Med Exami		4a. Facility Name (If not institution, g	giva street and numbar)			4b. City, Town,	or Location of Dea			110.00 A.M
Exam	Hei	HEARTLAND OF HY				Hvatt	sville			orge's
Funeral				(In yrs. last birthda	y) If Under 1 Year					
Director		426-78-1929 Usual Residence of Decedent	1 TH A OFF	9 Yrs.	Months Days	Hours M	trs. 8. Date of Bi (Month, D Sept.	30, 19:	37 Gle	placa (Stata or Foreign ntry) endora, MS
low #		10a. State 10b. County		10c. City, Town or	Location					10d. Inside City Limits
Man I	to	District of Colum	bia	Wa	shington					1 ☑ Yes 2 ☐ No
r 28a	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of	What Cou	ntry?
TORE, Maryland 21215-0020 spes 1 and 2 should be filled within 72 hours efter death with the Maryland not Health and Mental Hygiene. If item 27 Is marked other than "natural", or items 23s or 28s-f show or other traumetic event, the Modical Examines must be notified at	0	1220 R Street,	N W		200	009		Unite	d St.	ates
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r lte	FUT	1 ☐ Never Married 2X Married	Armed Forces? 1 ☑ Yas 2 ☐ No		Was Decedent of If Yes, specify Cut		arto Rican, atc.)	Bla	ck, Whita,	atc.
urs e	by	3 ☐ Widowed 4 ☐ Divorcad	If Yes, Give Year or Dates:		Tel Yes 2⊠No	Specify:		Specif	y:	Black
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21215-0U20 d within 72 hours of gione. If then "natural", or the Wedgal Exam	Completed	(Specify only highast g	· · · · · · · · · · · · · · · · · · ·	(Giv	a kind of work done DO NOT use retire	during most of v	vorking			
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ic enta	ToB	J. C. Sims				Eliza	beth Art	erberv		
Maryland of 2 should be file th and Mental Hy 7 Ia marked othe traumatic event,	-	19a. Informent's Neme/Relationship	(Type, Print)	19b. Ma	iling Address (Stree				. Stete. Zit	o Code)
nd 2		Alan E. Sims -	Son		U Street					
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altimore, mit. Peges 1 ar partment of Hea portant: If item 2 y Injury or other		1X Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spec			ematory or other pla	·	2 // /07	Testione	1. 17	Α.
Daltimo permit. Page Department of Important: If any Injury or once.	1	21. Signature of Funeral Service Lic			National Cer		2/4/97	Triang.	ie, v	A
Dee or or or or or or or or or or or or or		boll T	0A A		22. Name and Addr STEWART					
		John 1.	sewar	111_	4001 Beni				gton,	D. C.
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Examiner		disaase or condition resulting in death)	a. AIDS		_					
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Certificate be executed ding physician and use as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying	D	ue to (or as a conse	equence of):					
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	Physician	Part II. Other eignificant conditions	contributing to death but	not resulting in the	underlying cause gi	ven in Part I.	23b, Did	tobacco uee co	ntribute to	o the cause of death?
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v requires that the been signed by th should be detache	b	-							T	
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a fr aff of	atic	1 X Natural 5 ☐ Pending 2 ☐ Accident Investigation		, car,		Yes 2 □ No				
or Attending after death. Director: After lin by the fune	ific	3 ☐ Suicide 6 ☐ Could not determine	A Zoe. Place of injury	y - At home, farm, s	treet, factory, office		28f. Location	Street and Numb	ber or Rura	Il Route Number,
d in the second	Certification:	4 El Tollioldo	building, etc.	(Эреспу)			Chy or 10	wii, State)		
pepit hour mera ly fills		29a. Certifier (Check only 2 Medical Exa	hyelclan: To the best of	my knowledge, dee	th occurred at the ti	me, date and ple	ce, end due to the	cause(s) and ma	anner as s	teted.
n 24 n 24 ne Fe	edical	one) 2 Medical Exa	miner: On the besis of e and manner state	xamination end/or li id.	nvestigation, in my	opinion, death oc	curred at the time,	dete end pleca,	and due to	tha cause(s)
To the Hospital or Attending Physwithin 24 hours after death. To the Funeral Director: After this completely filled in by the funeral directors.	Σ	29b. Signature and title of cartifier		4	29c. Lican	se number		29d. Date signe	d (Month,	Day, Year)
A.	1	P. O. to	lh:	He mo		28006		1	20	1997
1-1	1/	30. Name and address of person who	completed cause of dea	th (Itam 23a) (Type		28906		Jan o	4	1///
(3/1	VU	Robert D. Ski				Laure	1 Marrie 1	U	,	
Sta	te	31. Dete filed (Month, Dey, Year)	32. Registrar's	s Signeture		, Laure	i, maryla	110 207	V/	
Registi		FEB 07 199	7 July May	ilar Redal						

DHMH 16 Rev 6/95



AMENDED #19a, 2/13/97, B.P., WORCESTER CO.
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

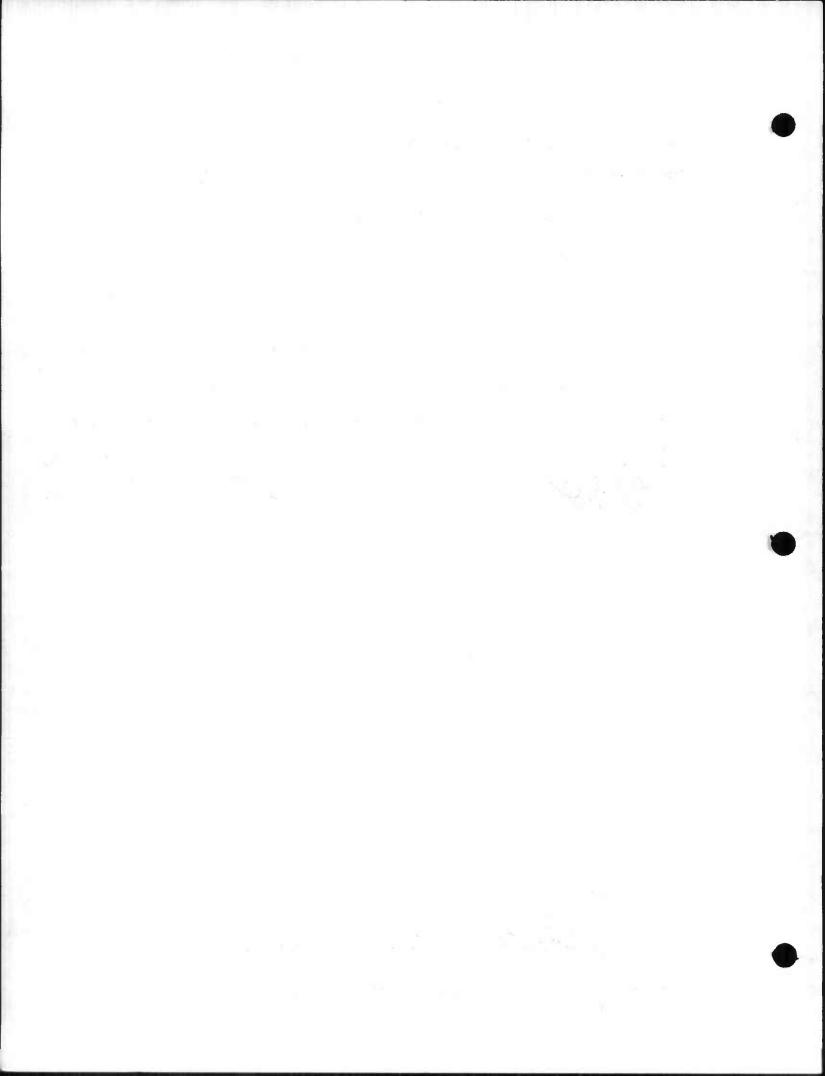
05249

			Certific	cate of Death	Reg. No.	. 00272
Division		1. Decedant's Nama (First, Middle, Last)			2. Data of Death Month Day	3. Tima of Death
	sician edical	ROSEMARIE	STRAND		February 8	1997 10:35 Al
4	miner	4a. Fecility Neme (If not institution, give street and number		4b. City, Town, or		unty of Death
		Stella Maris		Towson	Ba	1time/e
Fune	ral	5. Sociel Security Number 6. Sex 7. A		nder 1 Year If Under 24 Hrs		9. Birthplece (State or Foreign
Direct		226-68-3636 10M 2XF	4-3 Yrs. Mon	ths Days Hours Min	(Month, Day, Year)	3 VIRGINIA
D		Usuel Rasidance of Decedant				
how		10a. Stata 10b. County	10c. City, Town or Location			10d. Insida City Limits
Ma I	ş	Wd	LAurel			1 Yes 2 No
r 28	Director	10e. Street and Number		. Zip Coda	10g. Citizen	of What Country?
5-0020 72 hours after death with the Maryland netural; or items 23a or 28a-4 show state East when roughed as	0	8721 BRIGHCROFT	LN	20108	112.7	1 states
daat	Funeral	40 Wes December	C	ecedant of Hispenic Origin? (S specify Cuben, Maxican, Puar	Specify Yas or No- 14.	Rece - Amarican Indian,
O in the	3	11. Marital Status 12. Was Decedan Armed Proces 1 Nevar Married 2 Married 1 Yas 2	No	1 .	1	Black, Whita, atc.
MILS OF	þ	3 ☐ Widowed 4 ☐ Divorced If Yas, Giva Yaar or Dates:	1 111	es 2 No Specify:	Spe	ocity: Black
72 hours natural;	Completed	15. Decedent's Education	16a. Decedent's	Usuai Occupation	16b. Kind o	f Businass/Industry
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2 should and Mer is marks		19a. Informant's Name/Ralationship (Type, Print) J P/	18 A 19b. Mailing Add	ress (Street and Number or R	ural Routa Number, City or To	wn, State, Zip Code)
			band 8721	Brief Sole	- / N / Aug	d md 20708
Fe, N is 1 and if Haalth item 27 other tr		20a. Method of Disposition	20b. Placa of Disposition	(Nama of	Data 20c. Location	on - City or Town, Stata
5 85 7 8		1 Burial 2 Cremation 3 Ramoval from Stete		or other place)	1	
Balfimo bemit. Page Department of Important: If any injury or		4 Donation 5 Othar (Specify)	ST Joseph	Cen,	412/97 Delle	-HAUGH, VA.
Baltimore permit. Pages 1 t Department of Ha Important: If Item any injury or othy	Duce	21. Signature of Fungral Service Licensee	22. Nam	e end Address of Fecility		d. 23301
	<u>"</u>	South E D'hou	Too Whas	Torst. H. 22	171Whatoux	d. 23301
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/Medic		Immediata Causa (Final disaasa or condition	ST CANCER	METASTA	TIC	2up
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8 / 50, sata be executed physician and the burial-transit	Examiner	Sequentially list conditions.	Dua to (or as a consequance	of):		
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tha de sched	ly8	Part II. Other significant conditions contributing to death i	out not rasulang in tha undanyi	ng cause given in Pen I.		contributs to the causs of death?
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ords, requires the een signe hould be o	dby				24a. Was an autopsy	24b. Wara autopsy findings
v require	Completed				performed?	availabla prior to complation of cause
The law	E G					of death?
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Tar that	Ë	27. Mannar of Death 28a. Data of Inj 1 Natural 5 ☐ Panding (Month, D	ary Year) 28b. Time of Injury	28c. Injury at Work?	28d. Dascribe how injury oc	curred
VISION Attending or death. ector: After by the fune	atic	2 Accidant investigation	M	1 ☐ Yas 2 ☐ No		
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al or A saftar	Certification:	Durding, a	ic. (opecity)		Ony or Youn, Olara,	
UIVISION OF To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi complataly filled in by the funeral		29a, Certifiar Certifying Physician: To the best	of my knowledge, daeth occur	red at tha tima, dete and place	a, and due to tha causa(s) and	mannar as stated.
n 24 n 24 ne Fu	edicai	(Check only 2 Medical Examiner: On the basis of and manner si	of axamination end/or invastiga ated.	tion, in my opinion, deeth occi	urred at the time, date and pla	ca, and dua to tha causa(s)
To the within 2 To the compla	Σ	29b. Signatura end title of certifier		29c. Licansa number	29d. Date și	gned (Month, Day, Year)
		Renda 00 Ofm. C	Servin	DA5643	8/9	3/97
7	30	30 Nama and address of person who completed serves of	death (Item 23e) (Tuna Print)	000012	/-	/ ' /
		30. Name and address of person who completed cause of		ulex Rd/Bo	ecto mo a	1204
S III THE		0.0.	rer's Signatura			
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State of Maryland / Department of Health and Mental Hygiene 97

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	Funeral Director		5. Social Sacurity Number 215-14-1469	6. Sex 1 M 2 F	7. Age (In	yrs. last birt		If Under Months	1 Yeer Days			6. Dete of B (Month, D	irth (ay, Year)	9. Birth Cou	place (State or Foreigntry) YLAND
	death with the Menyland rms 23a or 28a-f show r must be notified at	tor	Usual Rasidance of Decedent 10a. Stata 10b. Count MD . CAR	ROLL		c. City, Town			E						10d. Inside City Limit
	h the	160	10e. Street and Number					10f. Zip	Coda				10g. Citizan	of What Cot	intry?
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7	Physician /Medical Examiner	Examiner	Immediata Ceuse (Final diseasa or condition rasulting in death) Sequentially list conditions, if any leading to immediate	b		to (or as a c			gn	mt s	lyn	John	ma		Mostles Mostles
ox 68760,	certificate be executed nding physician and use as the burial-transit	√Medical E	Sequentially list conditions, if any, leading to immadiate ceuse. Enter Underlying Cause (Diseasa or Injury that initiated evants resulting in death) Last	c	Due	to (or es a co	onsequ	ance of):							
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/ita	yalcian: The s certificate director, pag	Be	25. Wes casa refarred to medic axaminer?								e of Deet	h (Check only	one)		
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Σ	tal or Attendi	Certifi	4 Homicida datar	mined Zoa. Fie	ace of Injury - ilding, atc. (S		m, stra	at, factor	y, office			28f. Location City or To	(Street and Nown, Stata)	ım <i>ber or R</i> u	ral Routa Number,
	To the Hospital or Attent within 24 hours after deat To the Funeral Director: completely filled in by the	edical	29e. Certifiar 1 Certify (Check only one) 1 Medica	ing Physician: To t I Examiner: On the and m	tha best of my a basis of axa enner steted.	y knowiedga, mination and	daath (/or inva	occurred stigation	at tha tii , in my c	ma, date ar opinion, das	nd place, ath occurr	and due to the ed at tha tima	e cause(s) and , data and pla	mannar as ce, and dua	stated. to the causa(s)
	within 2 To the comple	Σ	29b. Signatura and titla of con-	1///						a number			29d. Date si		
			//	ecu		- 19.	D,		0	26	49	9	2-	9-:	57
7			30. Name and endress of person	n who complated or	eusa of death				5,13,12						
	Sta	ate	RONALD MILI 31. Data filed (Month, Day, Yea.	ER M.D.	P (O. BO	X 2	10,	MT	. AI	RY,	MD.	21771		
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permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed writim 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. or Health and Mental Hyplene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH BEG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Feb. 3:48 PM Mildred Helen Trice 05 1997 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Day, Year) April 23,1908 220-03-8390 1 M 2 X 88 Delaware 9a. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Memorial Hospital DIRECTOR Easton Talbot RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY Maryland Caroline Denton 1 TYES 2 X NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Hobbs Road 21629 United States 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuben, Mexicen, Puerto Ricen, stc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Merried 2 Merried Snectly: BY 3 Nidowed 4 Divorced Caucasian ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ast of working (Give kind of work done life, Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 8 Line Worker Food Processing 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) George M. Fisher Jennie B. White BE. 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Donald N. Trice Box 188 Denton, Maryland 21629 20a, METHOD OF DISPOSITION

1 Pauriel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Denton Cemetery Denton, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Moore Funeral Home, P.A. 6 tarles 100 PO Drawer B, Denton, Maryland 21629 23. PART i. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximats interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) 190 CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 3 OF DEATH? 1 - YES 2 5-40 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO SOUNCERTAIN PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Reeldence S Number 26e. DATE OF INJURY (Month, Day, Yeer) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED INJURY 1) etural 5 Pending м 1 YES 2 NO BY investigation 2 Accident 3 Sulcide 26e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined ETED 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. COMPL (Check only one) 2 MEDICAL EXAMINER: On the besis of exemination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) end manner as stated. 296. SIGNATURE AFTONTILE OF GERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

D32036

Chester, Maryland

Sun

32. REGISTRAR'S SIGNATURE

4 chia Davidson-Bandalle

2108 DiDonato Drive

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

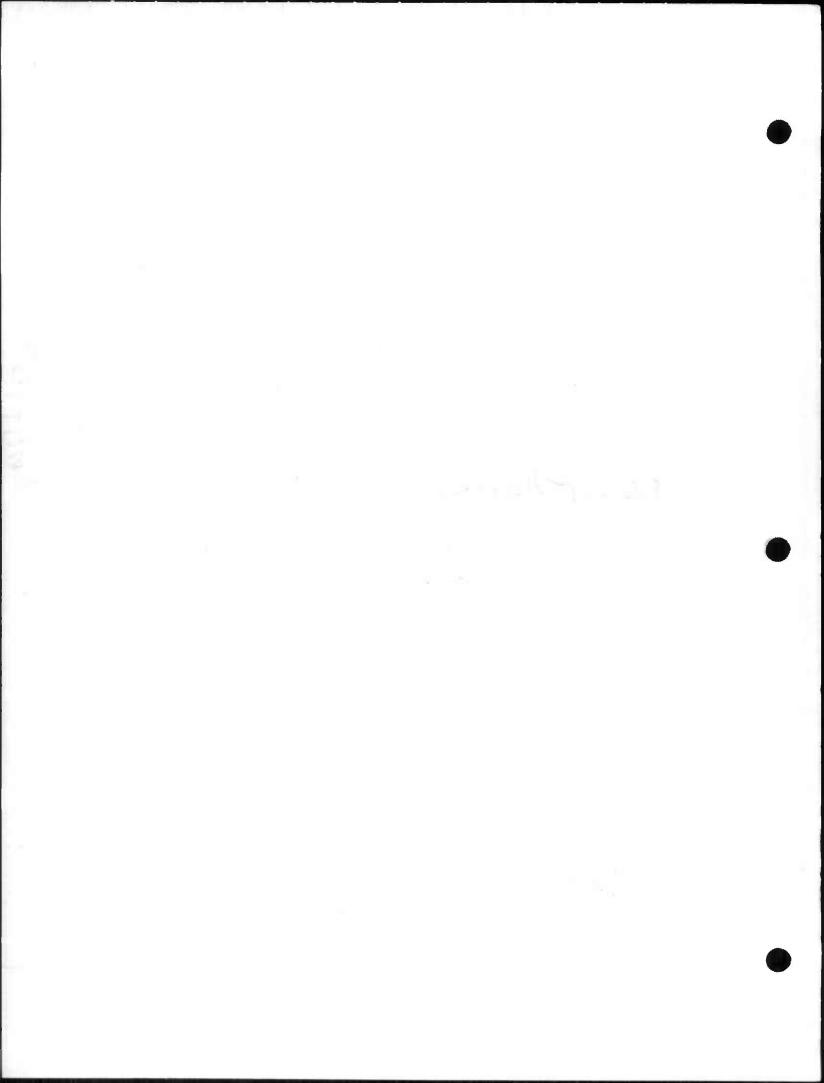
Gary Sprouse, M.D.,

'97

31. DATE FILED (Month, Day, Year)

FFR -

▶ February 6, 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month PARGARET THOMPSON FEBRUARY 2 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Washington Adventist Hospital Tokoma Park Montgomery 6. Sax 7. Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 06 18 1899 Birthplaca (State or Foreign Country) 1 ☐ M 2X F Months Days Hours 578-05-2526 Yrs. 97 Washington, DC Usual Residence of Decedant 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Prince George's 11 Yes 2□ No Hyattsville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6700 Riggs Road 20783 U.S.A. 12. Was Decedent Evar In U.S. Armed Forces? 1 ☐ Yes 2 1 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 1 Never Married 2 Married Specify: Black 1 ☐ Yes 2 No Specify: 3 Nidowed 4 □ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) Press Operator Private 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Unknown 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rosa M. Crawford/Daughter 817 Rittenhouse Street, Hyattsville, MD 20783 20b. Placa of Disposition (Nama of cematary, crematory or other place)
Lincoln Memorial Park 20a. Method of Disposition 20c. Location - City or Town, Stata 02/07 1 Bunai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 1997 Suitland, Maryland 21. Signature of Funeral Service Licensee J.B. JENKINS FUNERAL HOME A. Percentie 7474 Landover Road, Landover, Maryland 20785 23a. Part1. Enter the disease, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximete Intervat Between Onset and Death Immediate Cause (Final Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Dua to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? 1 Yes 2 No 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Inpetient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State)

Division of Vital Records, P.O. Box 68760,

The law requires that the death certificate be axecuted signed by the a peen page 2 certificata i or Attending Physician: after death. this After t Director: A d in by the fi To the Hospital o within 24 hours aff To the Funeral Di completaly filled in

Physician

/Medicai

Examiner

Funeral

Director

289-1

23a or

itams :

permit. Pages 1 and 2 should be filed within 72 hours aftar c Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural, or itan any injury or other traumatic event, the Medical Euronem

Physician /Medical

Examiner

Baltimore, Maryland 21215-0020

event, the Medical Examiner must be notified at

Funeral Director

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Completed

Be

2

Examiner

Physician/Medical

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Completed

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11. Maritai Status

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Unknown

Nano

disaase or condition resulting in death)

Maryland Show

death with the



Medical Certification: 29b. Signature and titia of certifiar 6. Grupta

6-6mpta, mp mo

1 Yes 2 No

27. Menner of Death 1 Metural

2 Accident

3 Suicida

29e. Certifier

4 Homicide

11 Certifying Phyelcian: To the best of my knowledge, deeth occurred at the tima, dete and placa, and due to the cause(s) and menner es steted.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and dua to the cause(s) and manner stated. 29c. Licensa number

M 46398

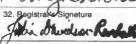
29d. Data signed (Month, Day, Year)

30. Neme and address of person who completed cause of deeth (ttem 23a) (Type, Print) 121

Longressional Lane, # 409, Rockville, MD 20812

State Registrar

31. Date filed (Month, Day, Year) FEB 05 1



State of Maryland / Department of Health and Mental Hygiene 97 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month **Physician** 2:15 am Mary Frances Thompson January 31, 1997 /Medical 4a. Fecility Name (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Prince George's Hospital Center Prince George's Cheverly If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days Months 1 M 20 F Director 241-32-5700 Nov. 19, 1926 North Carolina Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show r than "natural", or items 23s or 28s-1 short the Medical Examiner must be notified at Director 1 ☐ Yes 2 No Bowie Maryland Prince George's 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? 2409 Belair Drive 20715 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indien. Bleck, White, etc. filed within 72 hours aftar Hygiena. other than "natural", or ital 1 Never Merried 2∑ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by 3 Widowed 4 Divorced **Black** Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Analyst Government 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) permit. Pages 1 end 2 should be file Department of Heelth and Mental Hy Important: If flem 27 is marked oth any injury or other traumatic event sone. Be William A. Chapman Ada Fleming 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Charles B. Thompson/Husband 2409 Belair Drive, Bowie, Maryland 20715 20b. Place of Disposition (Name of 20a. Method of Disposition 20c. Location - City or Town, State cemetery, crematory or other place, 1X Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Fort Lincoln Cemetery Feb.4, 97 Brentwood, Maryland 21. Signeture of Funeral Service Lag 22. Name and Address of Facility Fort Lincoln Funeral Home, Inc. 3401 Bladensburg Rd., Brentwood, Maryland 20722 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final SENSIS / week disease or condition resulting in deeth) Examiner Due to (or as a consequence of) Examiner nermonia 1 week physician end s the buriel-transit The law requires that the deeth certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest Due to (or es a consequence of) Box 68760. Physician/Medical Due to (or as a consequence of): P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributa to the cause of death? Hydroupholus, Denentia, 1 Yes 2 No 3 Probably 4 Unknown signed be de Records, þ 24b. Were autopsy findings eveilable prior to completion of ceuse of deeth? Completed 24a. Was an autopsy performed? Invilia Dependent Arabetas arTerial 1 Yes 2 No 1 Tes 2 No Division of Vital Hospital or Attanding Physician: 24 hours after death. Funeral Director: After this cartificately filled in by the funerel director, 25. Was cese referred to medicel examiner?
1 ☐ Yes 2 ☐ No Be 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 27. Menner of Death 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending 1-Natural 1 Yes 2 No 2 Accident investigation NIA 3 ☐ Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours a To the Funeral C 1 Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner es stated.
2 Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(a) end manner stated. 29a. Certifier edicai mpletely f 29b. Signeture end title of certifier 29c License number 29d. Date signed (Month, Dey, Year) elinderore in 201852 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

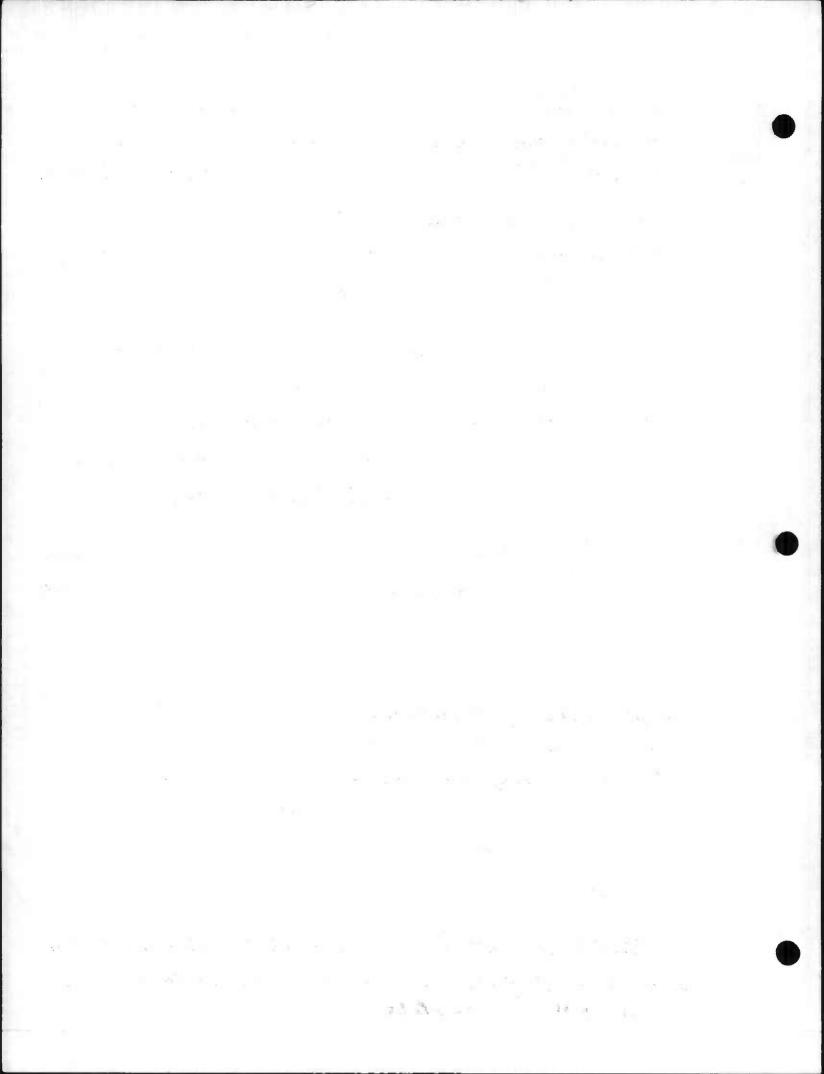
Paul A. DE VORE MD 42-3 (DUTONSBURY RC HYUTTSVILLE MD 20781

31. Date filed (Month, Day, Year)

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State Registrar 31. Date filed (Month, Day, Year)



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month dele 0810 3/ /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner | Silver Spring | If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth | Months | Days | Hours | Min. | (Month, Day, Holy Cross Hospital Montgomery 9. Birthplace (Stata or Foraign Country) New York 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** 1□M 2\ F 83 Yrs Director 092-14-7755 28, 1914 Usual Rasidance of Decedant pemit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Insperiment of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23s or 28s-1 show any injury or other traumatic event, the Heoldal Examinat Instit be nominal enough. 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 X Yas 2 No Directo Montgomery Silver Spring 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 12333 New Hampshire Avenue 20910 U.S.A. Funeral 12. Was Decedent Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-It Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amaricen Indian, Black, Whita, atc. 1 ☐ Navar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yas 2 No ģ Specify: White 3 X Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Business/Industry Elemantary/Secondery (0-12) Collaga (1-4or 5+) Homemaker Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Malden Sumama) Giuseppe Valentie Rosalie (Unavailable) 19a. Intormant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Joseph C. Taub - Son 4011 Utah Avenue, Brentwood, Maryland 20772 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 1 ☐ Buriai 2 X Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Metropolitan Crematory 02/03/97 | Alexandria, Virginia 21. Signature of Funaral Sarvice Licensee 22. Nama and Addrass of Facility
Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, MD 20781 10 23a. Part1. Entar tha disaase, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Betwe Onset and Death Physician /Medical Immediata Cause (Finei Urose Psis disaasa or condition rasulting in daath) Examiner Examiner physician and the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if sny, leading to immadiata causa. Enter Underlying Cause (Disaase or injury that initiated evants rasulting in death) Last Records, P.O. Box 68760, Physician/Medicai Dua to (or as a consequence ot): 88 USB fo Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24a. Was an eutopsy performed? 24b. Were autopsy findings available prior to Completed Failure Mila Dementio completion of cause of death? hy-oidism HYPO 2 No 1 Yas 2 No certificata Division of Vital or Attending Physician: 25. Was casa rafarred to medical axaminar? Be 26. Placa of Death (Check only one) Hospitai: Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No 1 Inpatient 2 ER/Outpatient 3 DOA After this 28a. Data of Injury (Month, Day Year) Certification: 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 1 Netural 5 Panding hours after death. 1 Yas 2 No invastigation 2 Accidant 6 Could not be 3 Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, tarm, street, factory, office building, etc. (Spacify) 4 ☐ Homicide 24 hours a Funeral (Hospital 1 Certifying Physician: To the best of my knowledge, daath occurred at the time, dete end piece, and due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, dete and piece, and due to the cause(s) and manner stated. 29e. Certifian Medical (Check only one) To the To the To the f 29b. Signature and title ot 29c. Licensa number 29d. Data signed (Month, Day, Year) D31001

State Registrar

31. Data tiled (Month, Day, Year) 32 Regis

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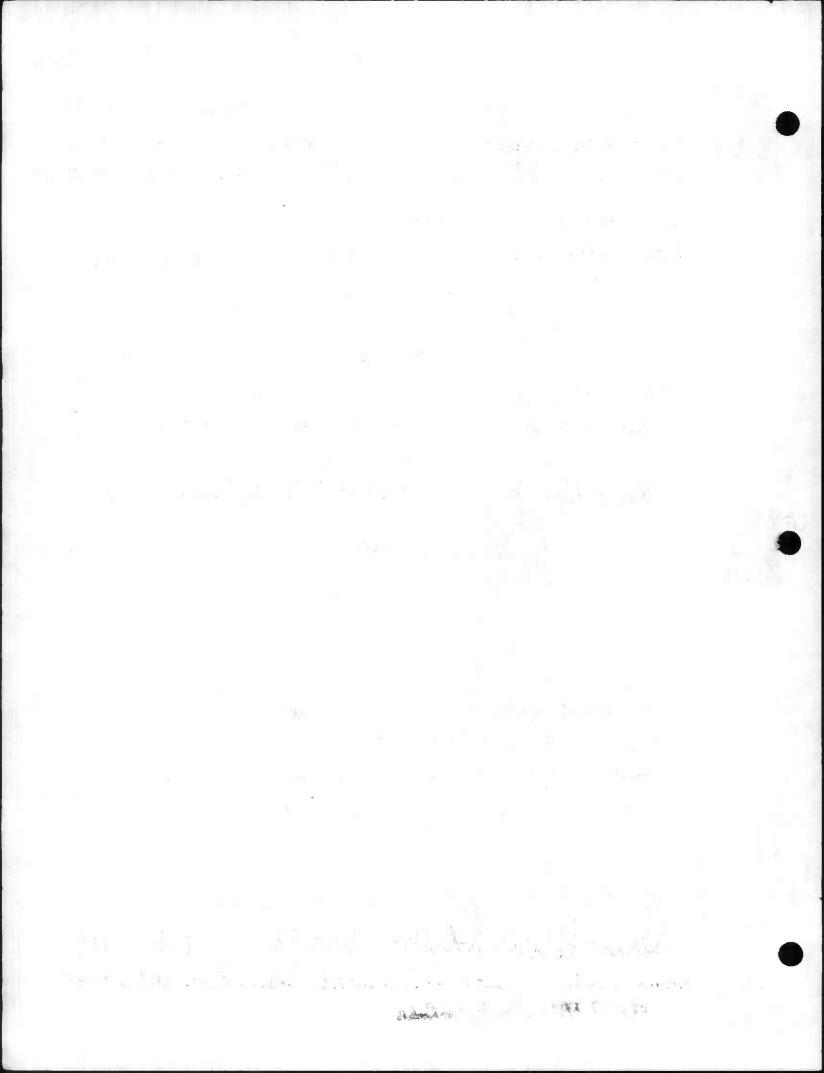
32 Registrar's Signatura

d cause of death (Itam 23a) (Type, Print)

7500 Greenway Cata.

State of Maryland / Department of Health and Mental Hygiene 97 05255

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	nerai		5. Social Security Number 6. So	9X 7. Age (h	n yrs. lest bin		f Under 1 Year fonths Days		Min.	B. Date of Birth (Month, Dey,	Year)	9. Birthp	place (State or Foreign
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Baltimore, permit. Pages 1 ar Department of Hee Important: If Item.	any injury		21. Signature of Funeral Service Licens	100		22. N	ame and Addr	ess of Fecility	V	NERAL 1			
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/Med Exami	_		Immediate Cause (Final disease or condition resulting in death)	· M	ww	1	un						エインク
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Division or Attending later death.	5	Š	3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of Injury - building, etc. (S	At home, far	rm, street,	factory, office		28	Location (Str City or Town	reet and Numbe	er or Rura	l Floute Number,
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To the Hospital of within 24 hours at To the Funeral D		edical	29a. Certifier 1 Certifying Phy	sician: To the best of my	y knowledge,	death oc	curred at the ti	me, date and	d place, an	d due to the ca	use(s) and ma	nner as st	ated.
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5 ¥ €	00	Σ	29b. Signature and title of certifier	1110	MAAA	1	29c. Licens	se number	9.	25	ed. Dete signed	(Month,	BA1
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17	/		30. Name and address of person who co	ompleted cause of death	(Item 23a) (Type, Prin	11)	10	11	8 1	L med	1	740
1	State		Lewis Wearls 31. Date filed (Month, Day Year)	32, Registrar's	Signature	eur	ielt Ro	1 4	nego	- varv	- juga	· No	170
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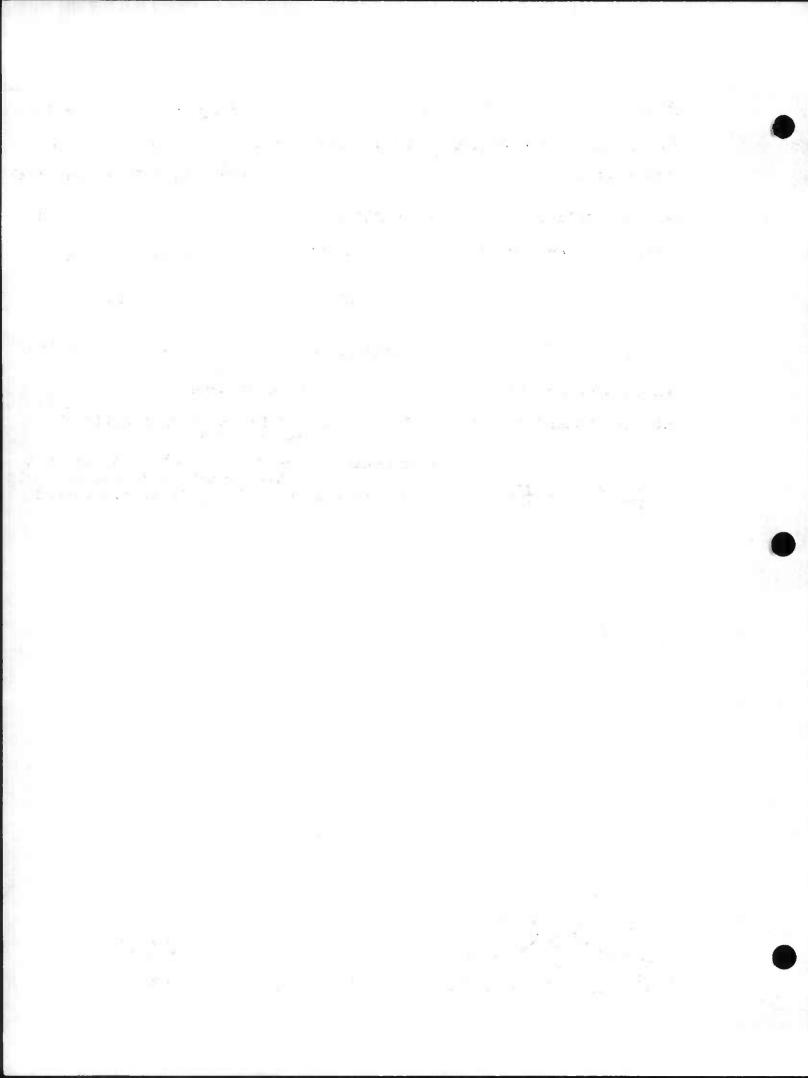
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Yaar **Physician** 12:10 P.M Marie Grace Vigorito /Medical 4e. Facility Nama (If not institution, give street and number 4b. City, Town, or Location of Death 4c. County of Death Examiner ast birthday) | If Undar 1 Year | If Undar 24 Hrs. | 8. Data of Birth (Month, Day, Year) | March 8, ur Sim Oaks Fring Grasos prad ford 7. Aga (In yrs. last birthday). 85 yrs Birthplace (State or Foreign Country) 5. Sociel Security Number **Funera** 1□M 2XX 1911 Naples Ita Director 118-01-1887 March 8, Usual Rasidance of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location show 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28s-f sho traumatic event, the Medical Examiner must be notified at Maryland Prince George Temple Hills 1 ☐ Yes XXNo Director 10f. Zip Coda 10g. Citizan of What Country? with 20748 7105 Karen Anne Drive United States death 1 Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, Whita, etc. Pagas 1 and 2 should be filed within 72 hours aftar or nent of Hauth and Mental Hygiane. ant: if item 27 is marked other than "natural", or item IV or other traumatic event, the Medical Examiner. 1 ☐ Never Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yas XIXNo Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorcad þ Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade complated) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Coilege (1-4or 5+) New York Telephone Mail Room 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Anna Fausans Antonio Chrussono 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 20748 19a. tnformant's Neme/Ralationship (Type, Print) 7105 Karen Anne Drive, Temple Hills, MD Anthony Richard Vigorito 20b. Place of Disposition (Nama of cematary, cramatory or other place) Feb 10, Data 99 720c. Location - City or Town, State 20e. Method of Disposition XXBurial 2 Cramation 3 Ramovel from Stata injury or Clinton, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) Resurrection Cemetery 22. Name and Addrass of Facilityee Funeral Home, Inc 6633 014 21. Signature of Funeral Service Lightser ance. Alexandria Ferry Road, Clinton, Maryland art Enter the tissesse, or complications thet caused the death. Do not antar the mode of dying, such es cardiec or respiratory errest, hock, or hour failure. List only one cause on each line. Interval Between Onset and Death **Physician** ASCVI /Medical Immediata Causa (Final diseasa or condition rasulting in death) Examiner Due to (or as e consequanca of): Examiner physician and s the burial-trans Sequentially list conditions, if any, laading to immediata causa. Enter Underlying Cause (Disaese or Injury that initiated evants resulting in daath) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or es e consequance of): for usa as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? ed by the 1 Yss 2 No 3 Probably 4 Unknown signed t þ 24e. Was an autopsy performed? 24b. Wara autopsy findings aveilable prior to Completed peen completion of cause of death? has NA 2 No 1 ☐ Yes 2 ☐ No funaral director, 25. Was case referred to medical examinar? 28. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Mursing Homa 5 Residence 8 Other (Specify) 1 Yes 2 DNo 2 this 27. Manner of Death 28d. Dascribe how injury occurred Certification: 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 5 Panding investigation 1 Natural daath. 1 Yas 2 No MA Hospital or Attendi n 24 hours aftar death. The Funeral Director: A MA 2 Accidant 3 Suicida 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Pieca of Injury - At homa, farm, streat, factory, office building, etc. (Specify) filled in by 4 Homicide 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) edical To the Hospi within 24 hou To the Funer complately fil 29e, Cartifian and mannar stated. 29b. Signature and title of continue 29c. License number 29d. Data signed (Month, Day, Year) D45881 30. Nama and addrass of person who compiated cause of deeth (Itam 23a) (Type, Print) 20602 Carl Johnson Inte wasdort 019 31. Data filed (Month, Dey, Year) 32. Registrar's Signatura State

Registrar

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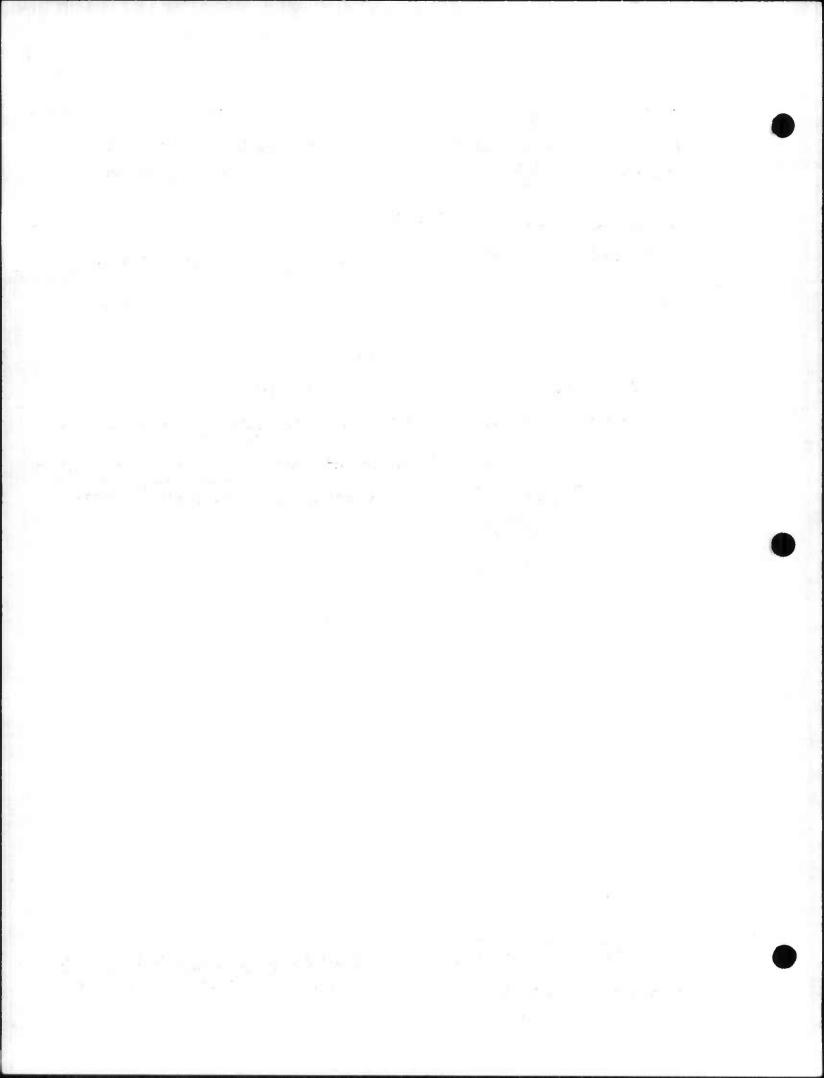
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State of Maryland / Department of Health and Mental Hygiene

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	Funeral Director		388-14-8859	Sex 7. Age (75 Yr	Mor	inder 1 Year oths Days		8. Date of Birth (Month, Day, July 1	^{Year)} 192	9. Birthr Cqui 1 Wis	place (State or Foreign ntry) SCONSIN
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21215-0020	0 5	I by Funeral	11. Marital Status 1 □ Never Married 2 □ Married XX □ Widowed 4 □ Divorced	12. Was Decedent Ev Armed Forces? 1 Yes XX No If Yes, Give Year or Dates:	er in U,S.		ecedent of specify Cul	Hispanic Origin? (Sp pan, Mexican, Puerto Specify:	ecify Yes or No- Ricen, etc.)	Blac	e - Americk, White,	
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re,	is 1 and of Health Nem 27 other tr		20ax Method of Disposition		20b Place of D	isposition	(Name of	Feb 1	0, Dath 997 2			
MO	age ent of		1 Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specif	Removal from State			or other plant	Cemetery				
Baltimore,	permit. Pages 1 Department of F important: If Ne any injury or ot once.		21. Signature of Funeral Service Licer		milligu	22. Nam	e and Addr	ess of FacilityLee	Funoral	Aring	ion,	Virginia
ä	Depa impo		11100	21		Ale	xandr	ia Ferry	Road Cl	inton.N	Md 20	735
	_		23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that caused th	e death. Do no						24 20	Approximate Interval Between
	Physician /Medical Examiner	er	Immediate Cause (Final disease or condition resulting in death)	a. CARDIOGEN	VIC_SHOO		a of):					Onset and Death
	uted J ansit	Examiner		b. MITRAL ST			, , ,				i i	
,09	certificate be executed inding physician and use as the burial-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	c. FEVER, RI		INFE	CTION					
68760,	artificate ing phys a as the	edical	that initiated events resulting In death) Last		e to (or as a cor	- W					1	
Box	nding usa a	3		d. CONGESTIV	E HEARI	FAL	LURE					
	deeth cer e attendir ed for usa	Physician/	Part II. Other eignificant conditions of	ontributing to death but a	not reculting in ti	he underly	log causo o	iven In Part I	23h Did tol	2000 1100 00	ntriburto t	o the cause of death?
Ö.	the ach	hys	at ii. Ottor algimount conditions c	ontroduing to death out i	TOT TOSUMING IN T	ne underly	ing cause g	Well III Fait I.		a 2□ No		bably 4 1 Unknown
S,	s that and the	by P										
of Vital Record	v requi	Completed							24a. Was an perform		av cc	ere autopsy findings rallable prior to empletion of cause death?
R	0 - 5	mo							1 ☐ Ye	s 20No	10	☐Yes 2☐No
īa	certificate	BeC	25. Was case referred to medical					26. Place of Deal	th (Check only one	4141		
>	5 00 0	To E	examiner? 1	Hospital: Inpatient	2 ER/Outp	atient 3[DOA	her	ome 5 Resider		er (Specif	(y)
	Afte fund		27. Menner of Death 1 Natural 5 Pending 2 Accident Investigation	28a. Date of Injury (Month, Day Y	(ear) 28b. Tin		28c. Inju Wo	ork?] Yes 2 □ No	28d. Describe how	v Injury occur	red	
Division	after of Direct Jin by	Certification:	3 Sulcide 6 Could not be determined		- At home, farm (Specify)	n, street, fa	ctory, office		28f. Location (Str. City or Town,		er or Run	al Route Number,
	To the Hospital or Att within 24 hours after of To the Funeral Direct completaly filled in by	edicai C	29a. Certifier (Check only one) Certifying Ph 2 Medicat Exam	ysician: To the best of r niner: On the besis of ex and manner state	camination and/	leeth occu or Investige	rred et the t etion, in my	ime, dete and place, opinion, deeth occur	and due to the car red at the time, da	use(s) and ma te and piece,	enner as s and due to	stated. to the ceuse(s)
	To th To th comp	×	29b. Signature and title of cartifier	eno sta	ff.		29c. Licen	se number	29	d. Date signe	d (Month,	Day, Year)
			30. Name and address of person who	completed cause of deal	th (Item 23a) (T)		89TH ANDRI	MEDICAL C WES AIR FO	ROUP 105	BRUARY WEST	06 PERI	1997 IMETER ROAD -6600
	1000		KANTHA R.K. STOLL, 31. Date filed (Month, Day, Year)	CAPT, USAF 32. Registrar's			TMDIG	AND AIR I'U	WOE DWOE	ru) Z	0/02-	-0000
	Sta Registr	222	FEB12	1997 > Jul	in obtavole	er Rand	all		_1			



			S	tate of Maryla		epartment of F Certificate of			ene 9 a. No.	1 (15258
	Physici /Medi		Decedent's Name (First, Middle, Last)	JOHN W.	VA	UGHN		2. Date of Death Month Jan. 30	Day 199	Year 7	3. Time of Death
	Examir		4a. Facility Name (If not institution, giva stre 23251 Gilpin Po 5. Social Security Number 8. Sex		rs last hirtl		4b. City, Town, or Lo Presto If Under 24 Hrs.	cation of Death	4c. County Car	rolir	Te
	Funeral Director			_	0.0	rs. Months Days	Hours Min.	8. Date of Birth (Month, Day, 102/06/	(ear) 1 4	Counti	land
	Maryland and show	tor	MD Caroline		City, Town	or Location	reston			10	d. Inside City Limits 1 Yea 2 No
	th with the 23a or 28	Funeral Director	10e. Street and Number 23251 Gilpin Poi	nt Road		10f. Zip Code	1655		o. Citizen of V		
020	72 hours after death with the Maryland natural; or items 23a or 28a-f show older Examiner must be notified at	by	1 Never Married 2 X Married	Was Decedent Ever in Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:	ı U,S.	13. Was Decedent of H If Yes, specify Cubs 1 ☐ Yes 2X No	lispanic Origin? (Spe an, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)		a - America k, Whita, et : Wh	
Maryland 21215-0020	permit. Pagas 1 and 2 should be filed within 72 hours after death with the Marylan Department of Haalth and Mentai Hyglena. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at ance.	Completed	15. Decedent's Education (Specify only highest grade contents (0-12)	on <i>mplated)</i> College (1-4or 5+)		Decedent'a Usual Occup (Giva kind of work dona lifa. DO NOT usa retired ntenance		ng A	cme M		
land 2	id be filed fental Hygi ked other ic event,	To Be Co	17. Father's Name (First, Middla, Last)	ohn W. Va	1		18. Mother's Name	(First, Middle, Mi		a)	
	and 2 shousalth and No. 27 ie mar	_	19a. Informant's Name/Relationship (Type, Virginia Willey	^{Print)} Spouse Vaughn	19b. 23	Mailing Address (Street 251 Gilpi					
altimore,	ment of Halant: If Item		20a. Method of Disposition ↑★○Burial 2 ☐ Cremation 3 ☐ Remark 4 ☐ Donation 5 ☐ Other (Specify)	aval from Ctata	cematary	Disposition (Nama of r, cramatory or other piece – Washingt	on Cem	2/3/97		ck,	Maryland
Bal	Departiment Important		21. Signature of Funeral Service Licensee Michael 7- Est			Framptom- PO Box 43	, Feder	alsburg	, MD	al H 2163	ome 2
	Physician /Medical		23a. Part1. Enter the disease, or compilcation shock, or heart fallure. List only one commendate Cause (Final	ons that caused the deause on each line.		7	ng, such as cardiac c	r respiratory arres	it,	1 1	Approximate Interval Between Onset and Death
	Examiner	Jer	disease or condition resulting in death) a	Due to	1 10-11	onsequence of):				1) Mrs
68760,	requiras that the death certificate be associted een signed by the attending physician and hould be detached for use as the burial-transit	dical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events			onsequence of):				1	
Box 68	eath certifica attanding phr I for usa as th	a	resulting In death) Last								
P.O.	as that tha death igned by the attar be detached for t	y Physician/M	Part II. Other significant conditions contributions on the Cheumatois	auting to death but not r		the underlying cause giv	en in Part I.				the causa of death?
Vital Records,	2 S S	Completed by	CAROHIO St	mosis				24a. Was an performe		avai	re autopsy findings lable prior to apletion of cause eath?
/ital R	t age	Be Com	25. Was case referred to medical examiner?	101		Lew	26. Place of Death	1 ☐ Yes		10	Yes 2 No
ō	Phys this rai di	ation: To	1 Yas ANO Hosp 27. Manner of Death NONatural 5 Pending 2 Accident investigation	1 ☐ Inpatient 2 28a. Date of Injury (Month, Day Year)	28b. Ti	me of 28c. Injur	4 LI Nursing Ho	me (5 Residen 28d. Describe how		er <i>(Specify)</i> ed	
Division	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the funa	Certification:	3 Suicide 6 Could not be 4 Homicide determined 2	8e. Place of Injury - Albuilding, etc. (Spe	t home, fari	m, street, factory, office		28f. Location (Stre City or Town,		er or Rural	Routa Number,
	To the Hospital or within 24 hours affe To the Funeral Dir. complataly filled in	Medical	(Check only 2 Medical Examinar:	n: To the best of my k On the basis of exami and manner stated.	nowledge, ination and		plnion, death occurr	ed at the time, dat	e and place, o	end due to t	the cause(s)
	To Will		29b. Signature and title of certifier	20 Juxux	of	29c. Licens	281L	290	Date signed	S G 7	ay, 10at)
	Sta	te	30. Name and address of person who complete the complete that the	100	7	Dutchman	Lan	Ens	ton	~	10
	Registr		FEB - 4 31	grand wary	0						

97-0695-033

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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7	-	- 1.1	. 1	/	. 1	
40"		1	Sec. of	State of the last		

	1
Physician	
/Medical	_
Examiner	4

Decedent's Name (First, Middle, Last) KEITH DONNELL a. Facility Name (If not institution, give street and number)

ITEMS: 23 part I,27 per MEO G-744 2/26/97 reGertificate of Death

VENABLE

2. Date of Death Day FEBRUARY

10,1997 4:00P.M

6427 PENNSYLVANIA AVE

4b. City, Town, or Location of Death

FORESTVILLE

4c. County of Death PRINCE GEORGES

Funeral Director

6. Sex 1 → M 2 □ F 5. Social Security Number 577-02-4227

7. Age (In yrs. last birthday) Months Deys Yrs. 30

If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Hours Min 66

Birthplace (State or Foreign Country)

28a-f show must be notified at

6

Herns 23a

6

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traumatic event, the Mudical

d 2 should be filed within 72 th and Mantal Hygiana.

Pages 1 end 2 should be

Director

Funeral

by

Completed

Be

Lo

the Maryland

death

72 hours after

Baltimore, Maryland 21215-0020

Usual Residence of Decedent 10a State 10b. County PRINCE GEORGE MD

10c. City, Town or Location

WASHINGTON, D.C 10d. Inside City Limits

Yes 2 No

3 Time of Death

FORESTVILLE 10f. Zip Code

10g. Citizan of What Country?

U.S.A.

Specify.

10e. Street and Number

6427 PENNSYLVANIA AVENUE

13. Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.)

14. Race - American Indian, Black, White, etc.

Nevar Married 2 Married 3 □ Widowed 4 □ Divorced

12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2X No If Yes, Give Year or Dates: 15. Decedent's Education

1 ☐ Yes 2 No Specify: 16e. Decedent's Usuel Occupation

20746

BLACK 16b. Kind of Business/Industry

(Specify only highest grade completed) Elementery/Secondery (0-12) 11TH

College (1-4or 5+)

(Give kind of work done during most of working life. DO NOT use retired) MECHANIC

GOODYEAR TIRE CO.

17. Father's Name (First, Middle, Last)

RAY VENABLE

LINDA KELLY

18. Mother's Nama (First, Middle, Maiden Sumame)

19a. Informant's Name/Relationship (Type, Print)

5819 14TH STREET, N.W. #302 WASH, D.C. 20012

RAY VENABLE-FATHER

20a. Method of Disposition 1 Bunal 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

20b. Place of Disposition (Name of cemetery, crematory or other place) HARMONY MEMORIAL

20c. Location - City or Town, State LANDOVER, MD FEB.15 97

21. Signature of Funaral Service Licensea

con

22. Name and Addrass of Facility W.H. BACON FUNERAL HOME INC.

3447 14TH STREET, N.W. WASH, D.C. 20010 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Examiner

Physician/Medical

by

Completed

Be

Medical Certification: To

Physiclan /Medical Examine

burial-tran

ettending physician for use es the buria

thed 6

signed b

should should

page 2 s

certificata

• Hospital or Attending Physician: 24 hours eftar death. • Funeral Director: After this certificatily filled in by the funeral director,

To the Hospital or within 24 hours effar To the Funeral Dir

and

requires that the death certificate be axecuted

Box 68760.

P.O.

Records,

Division of Vital

permit. Pages 1 end 2 s
Department of Health ar
Important: If Item 27 is
eny injury or other trau

Immediate Cause (Final disease or condition resulting in death)

ACQUIRED IMMUNE DEFICIENCY SYNDROME [AIDS]

Due to (or as a consequence of):

Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury thet Initiated events resulting in death) Last

Due to (or as a consequence of):

Due to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Were autopsy findings available prior to

1 Yes 2 No

28d. Describe how injury occurred

completion of causa of death? 1 ☐ Yas 2 ☐ No

Approximate Interval Between Onset and Death

25. Was case referred to medical examiner? 1 Yes 2 No

26. Place of Death (Check only one) Other: 4 Nursing Home 5 TResidence 6 Other (Specify)

1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work?

1 ☐ Yes 2 ☐ No

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier

27. Manner of Deeth

2 Accident 3 Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

XXMedical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated.

29b. Signature and title of certifian

5 Pending investigation

6 Could not be determined

29c. License number

O.C.M.E.

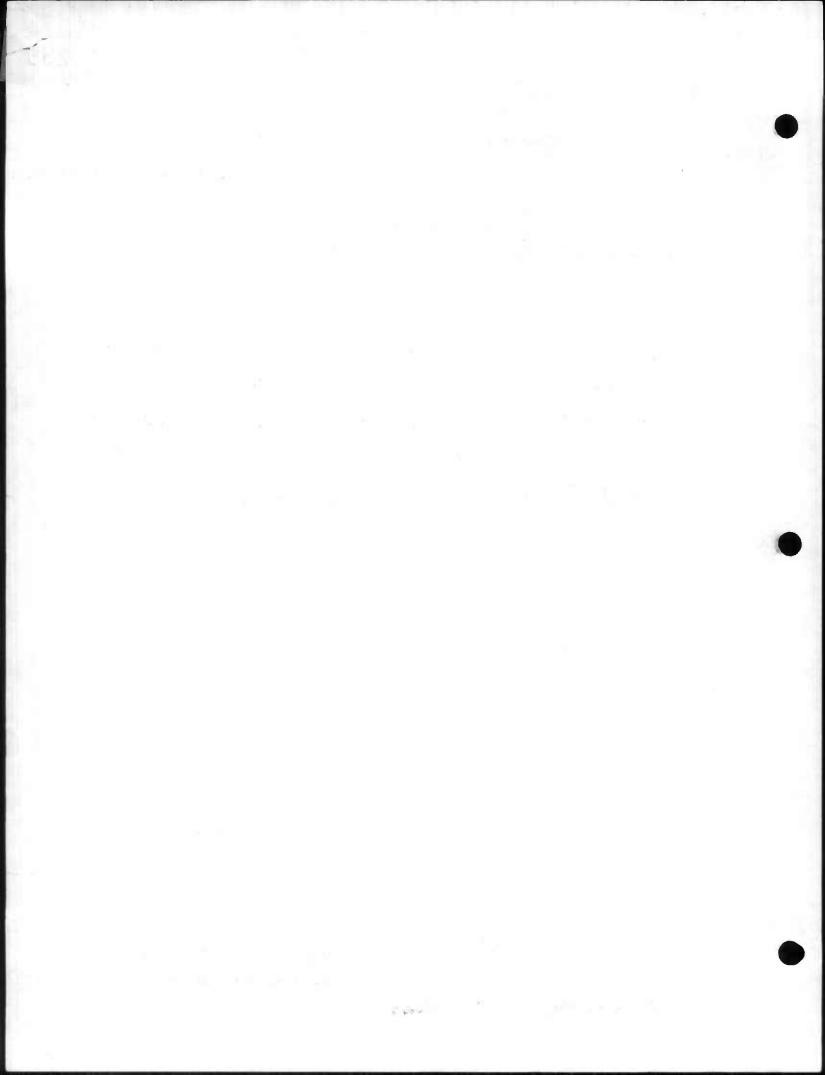
29d. Date signed (Month, Day, Year) FEBRUARY 11,1997

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 Vavia

31. Date filed (Month, Day, Year) 19

For ler 3. Registrar's Signature

State Registrar



State of Maryland / Department of Health and Mental Hygiene 97 05260

							Ce	ertificate	e of	Death		Reg. No.	21	002	.00
			1. Decedent's Name	e (First, Middle, La	rst)				,	DI DIVINI	2. Dete of I	Deeth	Mana	3. Tim	e of Deeth
	Physic /Medi		CORI	115		1.		1/1	uc	HAN	Month	Bey 31	1997	2	58 AM
	Exami		4a. Facility Neme (I	f not institution, giv	e street end num	iber)			1	4b. City, Town, o	r Location of De	eth 4c. (County of Deet	h	
	1150		WASHING	GTON ADVE	NTIST HO	SPITAI				TAKOMA F		Мо	ntgomer	у	- 187
	Funeral		5. Social Security N		Sex 1□M 25√F	7. Age (In yrs.	lest birthday Yrs.	Months	1 Year Deys	If Under 24 Hr Hours Mir	. (Month,	Dey, Year)	9. Birt	hpiece (Ste	te or Foreign
	Director		225-14- Usuel Residence of	-0014		77	115.				Dec.	6, 19	19 Wes	t Mun	den, VA
	/land		10e. Stete	10b. County		10c, Cit	ty, Town or I	ocation						10d. Inside	City Limits
	t 28a-f show	to	Virginia	Characa	-1		Ches	apeake						1 ½ Y	es 2 No
	vith the	Director	10e. Street end Nur	mber	ake		Olicot	10f. Zip (Code			10g. Citiz	en of Whet Co	untry?	
	£ 53	aic	1700 Cu	llen Ave	nue				233	324		Un:	ited St	ates	
	ter dea	Funeral	11. Maritel Status		12. Wes Deced		,S. 13	Was Decede	ent of H	lispenic Origin? (en, Mexican, Pue	Specify Yes or I	No- 1	4. Reca - Ame Bleck, White		•
20	6 6	by Fu		ed 2 Married	1 ☐ Yes if Yes, Give	9		1 ☐ Yes 2					Specify:	, 000	
21215-0020	72 hours efter naturel', or ite		3 Widowed		Year or Da	tes:	10- 0	- d- d- 11		-41		E	African		ican
15	in 72	Completed		15. Decedent's Enify only highest gre	ede completed)		16a. Deci (Giv life.	e kind of work DO NOT use	k done i	ation during most of wi	orking	16b. Kin	d of Business/	ndustry	
212	within jiene.	mo	Elementary/Second	ndary (0-12)	College (1-	4or 5+)				l Clerk			Private		
p	be filed ital Hygid d other event, b	Be C	17. Fether's Name ((First, Middle, Last)		ME CI.	LEG RE	car		eme (First, Midd				
/Jai		ToE	Samu	el Lee						E1	izabeth	Bures	SS		
Maryland	d 2 should be th and Menta 7 is marked traumatic ev		19e. Informent's Ne	me/Reletionship (Type, Print)		19b. Mal	ling Address	(Street	end Number or F	Rurel Route Nun	ber, City or	Town, Stete, 2	ip Code)	
	Bazz		Shirley	M. V. G	ilmore -						t, Fort	Wash:	ington,	MD	20744
altimore,	Peges 1 annent of Healint: If Itam 2		20a. Method of Disp	osition Cremetion 3	Removal from S	20b. F	Pleca of Disp semetery, cre	osition (Neme emetory or oth	e of her plea	ce)	Dete	20c. Loc	eation - City or	Town, Stete	
Ei m	artment ortant: Injury o			5 ☐ Other (Specif			osevelt	Memoria	al Ca	emetery	2/5/97	Che	sapeake	, Vir	ginia
Ba	permit. Pe Departmen Important: any Injury once.		21. Signeture of Fur	nerei Service Licar	nsee	6	3	22. Neme end	Addres	ss of Fecility UNERAL H	OME In	C			
	00 E e O		Joh	n/,	Stews	art -	41.	4001 Be	enn	ing Road	. N. E.	. Wash	ington.	D.C.	
			23 Part1. Enter th	ne disease, or com nt feilure. List only	plicetions thet ca one cause on ee	used the deet ch line.	h. Do not er	nter the mode	of dyln	g, such es cardie	ac or respiretory	errest,		Approxir Intervel I	Between
	Physiclan /Medical	П	Immediate Course (Circl.		+ 1		, .	1	. 0			į	Onset et	nd Death
	Examiner		Immediate Cause (I disease or condition resulting in deeth)	rinei	· Acu	Te po	140Ca	v dea	L_	Infuve.	from	4			
		- e			. Acu	Due to (c	r és e conse	equenca of):	2	100					
	uted ansit	Examiner			b. Con	onas	y	tt Eer	vt	dise	ore				
ć	icate be executed physician and s the bunal-transit	Еха	Sequentially list confidency, leading to imcause. Enter Under Ceuse (Disease or I that initiated events	nditions, mediete		Due to (o	ray e conse	equence or):	- 1						
68760,	sicia e bur		Ceuse (Diseese or I that initiated events	Injury	c. 50	vere	es e conse		Sel	alo'SI	2				
_	5 00	Medicai	resulting In deeth) L	est		0) 0) 00 (0	03 0 001130	quence on.							
Box	ires thet the death cer signed by the attendin d be detached for use				d										
	deat he att	by Physician/	Pert II. Other signific	cant conditions o	ontributing to dea	th but not res	uiting In the	underlying car	use giv	en in Pert f.	23b. Di	d tobacco u	iss contribute	to the caus	s of death?
P.0	The law requires thet the ste has been signed by the page 2 should be detache	Phy	C+13 1241	a relation	tod in	terna	1 al	dom	in	0	10	Yse 2	No 3□Pr	obably 4	Unknown
	res th	by	Siture	June	24 /10)	urna	Luo	aurin	1110	щ					
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ec	law las b	npie	(1007)											ompletion of deeth?	or cause
	The pag	Co									10	Yes 2	DNo 1	☐ Yes 2	□ No
Vita	icien: The law certificate has rector, page 2	Be	25. Wes case referre	ed to medical	Manaital				0		eth (Check only	one)			
of Vital	Physician: this certific ral director,	To	1 ☐ Yes 2 1 1 27. Menner of Deeth				ER/Outpetie			4 U Nursing	Home 5□ Re			rify)	
u	After funer	Certification:	1 Naturel	5 Pending		Injury Dey Year)	28b, Time o Injury	M 28	c. Injun Worl	/ et k? Yes 2 ☐ No	28d. Describe	how injury	occurred		
Division	or Attendi	licat	2 ☐ Accident 3 ☐ Suicide	investigation		f Injury - At ho	me fem ei			195 2 140	28f Location	(Street and	Number or Ru	ral Doute N	umbor
Di	or A effer Direct	erti	4 Homlcide	determined	building	, etc. (Specify	/)	reet, rectory,	OIIICE		City or T	own, State)	TVUITIDET OF FILE	rar moute re	umber,
	spita nours neral		29a. Certifier	Cartifying Ph	ysician: To the b	est of my know	viedae, deel	th occurred et	the tim	e, dete end olec	e, end due to th	e ceuse(s) e	and manner as	stated	
	To the Hospital or Attending Physician: The lav within 24 hours effect death. To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2	edicai	(Check only one)	2 Medicai Exam	niner: On the bas end menne	is of examinet	ion end/or in	vestigetion, in	n my or	olnion, death occ	urred et the time	e, dete end	oleca, end due	to the ceus	9(s)
	within To th comp	Me	29b. Signature and t	title of certifier)	1			29c.	License	number		29d. Date	signed (Month	, Dey, Year)
			1 /ftel	2 (h	anelle	1 10	10	14	130	64		1-3	1-97	,	
	15)	-	30. Name and addre	ss of person who	completed cause			, Print)		V					
	(2)		M.H. CH		Ry MO	,7610	CAR	RULL	AV	eTAK	MA P	K M	d. 20	912	
	Sta		31. Dete filed (Month	h, Dey, Year)	_ /1	gistrar's Signe	ture _								
	Registr	ar	FE	B 03 155	11 yas	divole	or Marke	4							

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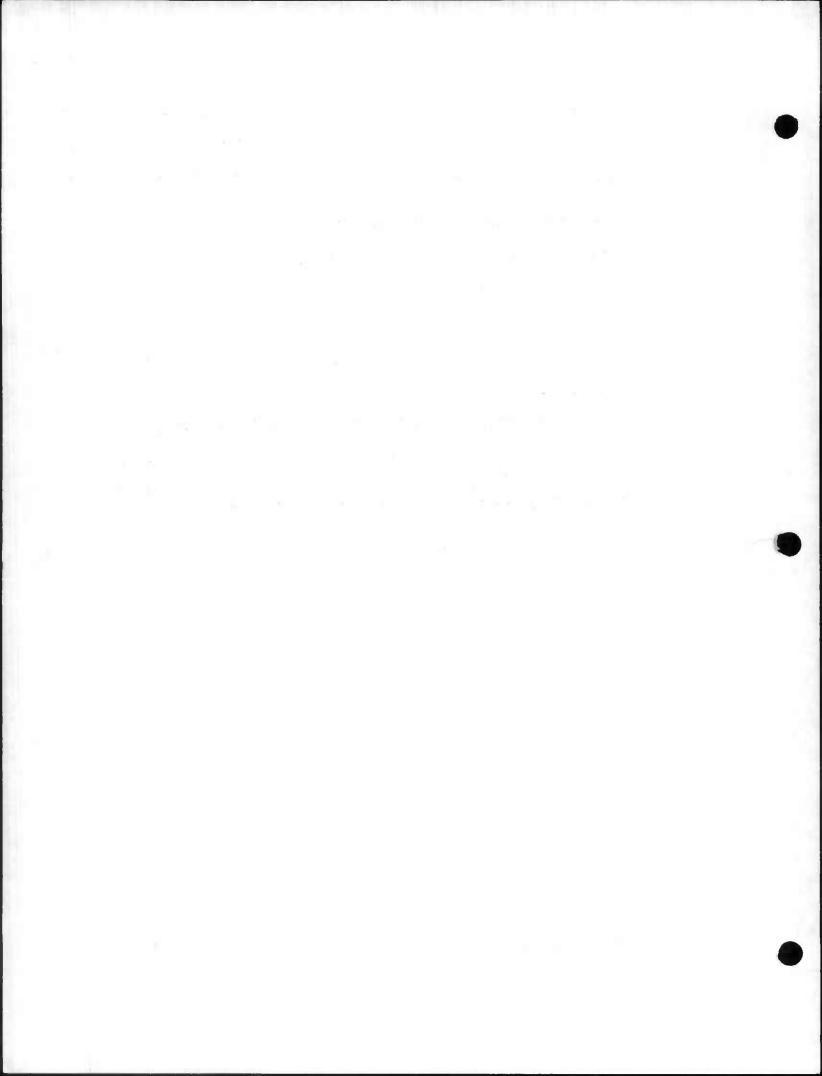
AMENDED #20b, 2/13/97, B.P., WORCESTER CO. Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q 7 05261

		tems: 19a,20c per F.H. 1. Decedent's Name (First, Middle, Las		eb <i>Cei</i>	tificate of		Re 2. Dete of Deet	g. No.	3. Time of De
Physician		DALE	J. VA	ANDERS	ALL	F	Month BRURR	y 1,10	997 1136
/Medical Examiner	-	4e. Fecility Name (If not institution, give				4b. City, Town, or Loca	~	4c. County	
		ATLANTIC GEN	ERAL HOSPIT	TAL		BERLIN		WORCE	ST ER
Funeral lirector		5. Social Security Number 6. St 291-38-3225 12 Usual Residence of Decedent	Min alle	iest birthday) Yrs.	If Under 1 Year Months Deys		B. Dete of Birth Month, Dev.	Year) -42	9. Birthpiace (State or F Country) UHIO
ž	- h	10a. State 10b. County	10c. C	ity, Town or Lo	cation				10d. Inside City I
23a or 28a-f show ust be notified at	2	PA. BERKS			ING HIL	L			Vayes 2
		10e. Street end Number 2300 GRANDVIE				609		USA	Vhat Country?
o A	Din : 60 !	11. Maritel Stetus 1 Never Married 2 Married 3 Widowed	12. Was Decedent Ever in the Armed Forces? 1 ☐ Yes 2 No ff Yes, Give Yeer or Dates:		Nes Decedent of I I Yes, specify Cub	Hispenic Origin? (Specien, Mexican, Puerto R	ify Yes or No- can, etc.)	14. Raci Blac Specify	e - American Indian, sk, White, etc.
"netural", adical Exa		15. Decedent's Ed (Specify only highest gra	ucation de completed)	16a. Deced	ient's Usual Occu kind of work done	pation during most of working ed)	,	16b. Kind of Bu	usiness/Industry
U OF		Elementery/Secondary (0-12)	College (1-4or 5+)	_		nd)		C	
0	3		5+	IEA	CHER	11111111111111111		COLL	
Be ave	5	17. Fether's Neme (First, Middle, Last)				18. Mother's Neme (16)
a marked other than summatic avent, tre M	2	DALE E. VANDER				BETT		OGERS	
flem 27 is marked other than "nature other traumatic avent, the Medical To Be Completed		19a. informant's Name/Relationship (7 MARLENE VANDERS	ALL	455	WROXHAM		ISSIMO	NG HIL	Ls, Pa,19
		20a. Method of Disposition 1 ☑ Buriel 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Hemoval from State	Piece of Dispo cemetery, crem	sition (Neme of Z netory or other pla E	M 2	Date	READ I	City or Town, State
Important: If any injury o		21. Signature of Fundral Seprine Licen	elli (. Name end Addre	ess of Fecility H FUNERAL	Home	BERL	IN, MD.,
	1	23a Oart1. Enter the disease, or comp shock, or heart failure. List only	lications that caused the dec	th. Do not ent	er the mode of dy	ing, such es cardlec or	respiratory arre	est,	Approximate interval Between
sician	1	and the second							Onset and Dea
ledical aminer		Immediate Ceuse (Finel disease or condition	a ASCV	0					FEW YEAR
		resulting in death)		or as a conseq	uenca of):				
ine si			h						
physician and s the burial-transit		Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events	Due to (or as a conseq	uence of):				
0 0	3	resulting in death) Lest	Due to (or es e conseq	uenca of):				
d by the ettendin latached for use Physiclan/N									
by the tached		Pert ii. Other significant conditions co	ntributing to deeth but not re-	suiting in the ur	nderlying cause gi	ven in Pert I.			ntribute to the cause of d
data data		DIABETES A	TELLI TUS	TYPE	77		1 Y	s 2 No	3 □ Probably 4 ☑ Un
page 2 should be date completed by PP							24a. Wes ar	n sutopsy ned?	24b. Were autopsy find available prior to completion of caus of death?
page 2							1□Ye	s 20 No	1 ☐ Yes 2 ☐ No
certificate rector, pag	-	25. Was case referred to medical				26. Piece of Deeth	Check only on		
		examiner? 12 Yes 2 No	Hospital: 1 ☐ inpatient 2 2	LER/Outpatien	t 3 DOA Ot	her: 4 Nursing Hom			er (Specify)
than the		27. Manner of Death 1 Neturel 5 Pending 2 Accident investigation	28a. Date of injury (Month, Day Year)	28b. Time of Injury	28c. inju Wo		d. Describe ho		
al Director: Aftar ti led in by the funera Certification:		3 Suicide 6 Could not be determined		nome, farm, str	eet, factory, office	26	If. Location (Str City or Town		er or Rural Route Number
To the Funeral Director: A completely filled in by the fi		29a. Certifier 1 Certifying Phyone) 2 Madical Exam	raician: To the best of my kni inar: On the basis of examinated and manner steted.	owledge, death ation and/or inv	occurred at the ti restigation, in my	me, dete end piece, an opinion, deeth occurred	d due to the call et the time, de	use(s) end ma ete end place,	unner as stated. and due to the cause(s)
To the		29b. Signature and title of certifier	Hunt, 1	n.s.	29c. Licen	se number	25	9d. Date signer	d (Month, Dey, Year)
	-	30. Name and address of person who o	ompleted cause of death (ite	m 23a) (Type,	Print)	3 SNOW S	5- 51	VON H.	ice, Ms 218
State		31. Dete filed (Month, Day, Year)	32. Registrar's Sign	ature					
Registrar		FEB 05 1997	Julia Davoles	6.11					
			TEANS CLUVELING	TO COMPANY					

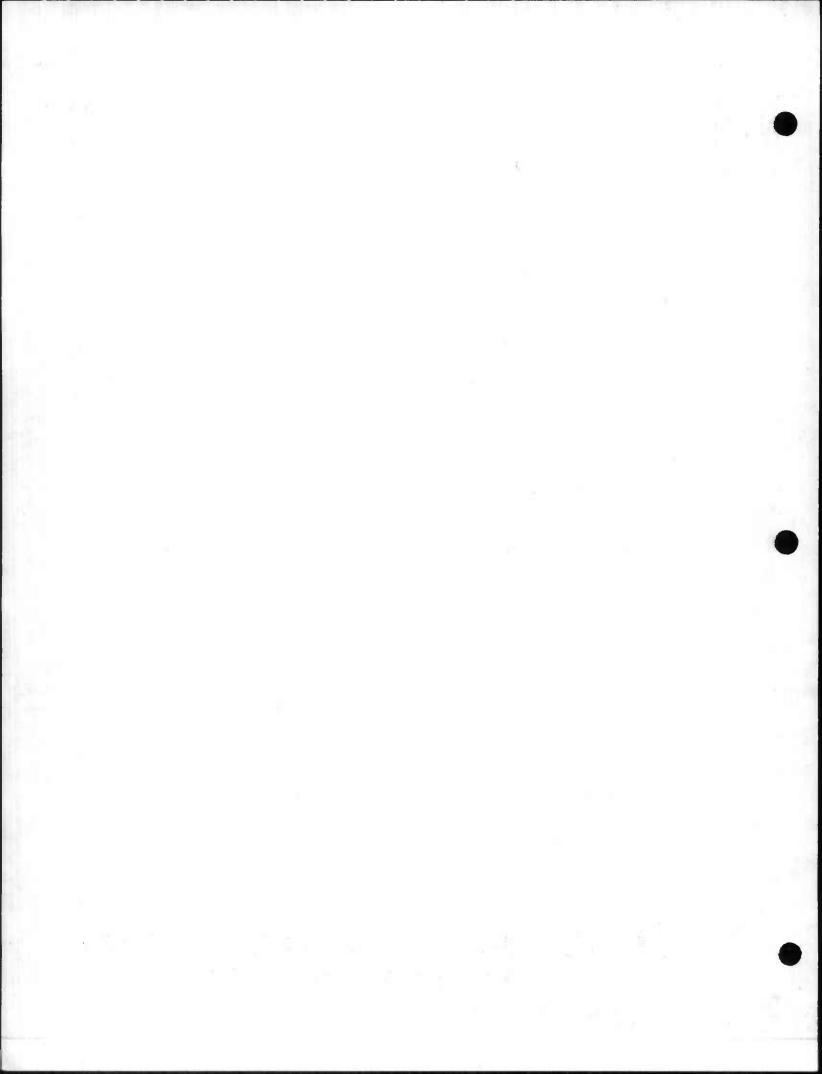
State of Maryland / Department of Health and Mental Hygiene 97 05262

						Ce	rtificate	of E	Death			Reg. No.	,	0020	
2.		1. Decedant's Name (Fir	rst, Middle, Le	st)						Ĭ	2. Date of De	ath	Vees	3. Time of Dee	ith
	ician dical	Arlene	Fav	Winn							Febru.	ary 1, 1	Year QQ7	11:40pr	n
	niner	4a. Facility Name (If not			m <i>ber)</i>			4t	. City, To	wn, or Lo	cation of Death	4c. County	of Death		
		8822 Alle	nswood	Road					Rar	ndall	stown	Balti	more	County	
Funer	al	5. Social Security Number			7. Aga (In yrs.			ear ays	If Under Hours	24 Hrs. Min.	8. Date of Bir (Month, Da	th		lace (Stete or For	reign
Direct	or	191-32-984	0	□м 27 г	56	Yrs.						7, 1940		nsylvani	
and **		Usual Residence of Dece 10a. State 10b	. County		10c. Cit	y, Town or Lo	ocation						1	0d. Inside City Lin	mlte
Aaryli sho	5			re Coun				_						1 ☐ Yes 2 😿	
h the Marylan r 28a-f show	Director	10e. Street and Number	ar crition	re comi	LY	Randa	llstowr					10g. Citizen of \	Mhat Cour	4.	
death with the Maryland		8822 All	0 n = 100	Dood 6			101. Zip 00							uyr	
leath	Funeral	11. Marital Status	enswood		edent Ever in U	S. 13.	Was Decedent		133 Spanic Orl	aln? (Sne	ecify Yes or No	U.S.	A. a - Americ	an Indian	
_ 5 2 2	臣	1 Never Married	2 X Married	Armed Fo	orces?		If Yes, specify	Cuban	, Mexican	, Puerto I	Rican, etc.)	Blac	ck, White,		
Maryland 21215-0020 d2 should be filed within 72 hours af th and Mentel Hygiene. 7 is marked other than "netural", or rearmatic went, in Mentel Fran	by	3 ☐ Widowed 4 ☐ I		If Yes, Gir Year or D	/8		1□Yes 2□	(No	Spacify:			Specify	· WI	nite	
21215-0020 within 72 hours after death with items. Then "netural", or items 23a or from the items.	be		Decedent's Ed				dent's Usual O					16b. Kind of Bi	usiness/Inc	dustry	
215 Pin 7	Completed	(Specify or Elemantary/Sacondary		de completed) Collega (1-4or 5+)	(Give	kind of work d DO NOT use re	one di etired)	unng mos	t of workii	ng				
21 w be will b	00	12				Н	omemake	er				Don	esti		
Vland 212 Suld be filed with Mentel Hygiene. Briked other than atic event, the	Be	17. Father's Name (First,	, Middle, Last)						18. Mothe	er's Nama	(First, Middle,	, Maiden Sumen	10)		
arylar should b ind Mente i marked	P	John F									Ethel	Stu	ck		
Maryld d 2 should th and Mer 7 is marke traumatic		19a. Informant's Name/F										er, City or Town,			
C TO N L		Mr. Frankl:		linn (H					od Ro	ad R		stown, M			
		20a. Method of Disposition 1 De Burial 2 Cre		Removal from		Place of Dispo emetery, crei	osition (Name of matory or other	of r pleca	1)	i	Date	20c. Location -	City or To	wn, State	
Per Per Inn		4 Donation 5			Lá	-	ew Mem.				/5/97	Sykesvi	lle,	MD	
Baltimo permit. Peges Depertment of Important: If it any injury or	90	21. Signature of Funeral	Sarvice Lican	Spe _ /	-01	PL 21	2. Name and A	ddress	s of Facilit	HOME	& CHAI	PEL (Box	105		
70 5 8	a	price	in X	Tha	Wan							795-14			
		23a. Part1. Enter the dis	sease, or compute. List only	olications that	the death	n. Do not en	ter the mode of	dying	, such as	cardiac o	r respiratory a	rrest,		Approximate Interval Between	
Physicla			·	A.	1 1		1 0							Onsat and Death	
/Medica Examine		Immediate Cause (Final disease or condition rasulting in death)		· Me	tastat	ic /	lelano	Me	2					2 month	NS.
		rasulting in death)			Dua to (o	r as a consec	quenca of):								
ted nsit	Examiner			b. ——											
y xacu al-tra	xar	Sequentially list condition if any, leading to immedicause. Enter Underlying	ns, iate		Due to (o	r as a consec	quance of):								
b8/bU, ficate be ex physician as the buria	Sal	Cause (Disaasa or injury that initiated events	~	C	5 /			_							
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BOX ath cert attending for use	2			d		-					_				
death death e atter e	Physician/	Part II. Other algnificant	conditions of	ontributing to de	eath but not resi	ulting In the u	nderlying caus	e cive	n in Part I		23b. Dld	tobacco use co	ntribute to	the cause of de	ath?
(ecords, F.O. law requires that the de las been signed by the a 2 should be detached	h,	Δ 1			-		,			*		Yes 2 No		bably 4 Unkr	
S, that is that se de	by F	Breast Co	non												
cords v requires been sign should be	8										24a. Was	an autopsy	24b. We	ere autopsy findin- ailable prior to	gs
law reas bey	piet							-			pone	JIII O I	COI	mplation of cause death?	
0 - 5	Completed										10	Yes 2 No	10	Yes 2□ No	
VITAL IN INCIDENTAL THE CONTINUES IN INCIDENTAL INCIDEN	0	25. Was case raferred to	medical						26. Place	of Death	(Chack only o				
r VIta ysician: ysician: director,	To B	examiner?		Hospital:	npatient 2	ER/Outpatier	nt 3 DOA	Other	p.		-	denca 6 □Oth	er (Specifi	v)	
DIVISION OF VITA or Attending Physician: efter deeth. Director: After this certification bit the funeral director,		27. Manner of Death	Dendina	28a. Date	of Injury	28b. Time o	f 28c.	Injury Work	at ?	2	28d. Describe	how injury occur	red		
ondin seth. or: Af	atio	2 Accidant	Pending investigation		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			es 2 🗆	No					
JIVISION Or Attending efter deeth. Director: Afte	Certification:	3 ☐ Suicide 6 L 4 ☐ Homloida	Could not be determined	28e. Place	of Injury - At ho	ome, farm, str	reet, factory, of	fice	_	2	28f. Location (Street end Numb vn, Stete)	er or Rura	l Route Number,	
J of a land			/												
To the Mospital or Att within 24 hours effer of To the Funeral Direct completely filled in by	edical	[Uneck only 2]	Cartifying Phy Madical Exam	Inar: On the b	asis of examinat	wledga, death tion and/or in	n occurred at the	ne time my opi	e, date and	d placa, a	and due to the ed at the time,	causa(s) and ma date and place,	innar as st and dua to	ated. tha causa(s)	
the the	Med	29b. Signature and title of	d canter	and man	ner stated.		200 116	00000	number			29d. Date signe	d /Month	Day Voorl	
5.≱ 5 8	-	Muil	VII				_	1 .				0/2/0	D.	Jay, 1 661)	
		FILMA	10.00	re g		_	00	101	78			2/017	4		
		30. Name and addrass of	11	. (of death (Item	CI	Print)	200	Lun	, A	10 212	N.	211	>.	
	2tote	31. Date filed (Month, Da		32. R	,		06 (Y	Ste hard	CX , 1°	0000	08	-ried	mon ma)
Regi	State strar		EB 07	1997	egistrar's Signa	worken	Sall								
			,				1.///								



State of Maryland / Department of Health and Mental Hygiene 97 05263

						Cer	tificate of	Death		Re	g. No.		00200
Dh			1. Decedent's Nama (First, Middle, La	ast)						2. Date of Daati Month		Vans	3. Time of Deeth
	ysici: fedic		Hazel Farver Wi	imert							3, 1	Year 997	8: 10 AM
	amin		4a. Facility Name (If not institution, gir					4b. City, To	wn, or Loc	ation of Death	4c. County	of Death	
			Carroll County				221	1 211		minster			Carroll
Fund Direct				Sex 1□ M 2 F 7. Aga	(In yrs. last bir		Months Days		Min.	8. Date of Birth (Month, Day, Jan. 15		Coul	place (State or Foreign ntry) Maryland
/land	10	Ì	10a. Stata 10b. County		10c. City, Town	n or Loc	ation					- T	10d. inside City Limits
the Man 28a-f sh	nottred	rector	MD (Carroll		Wes	tminster	.		4/	og. Citizen of \	Albert Cour	1≱Yas 2□No
ath with	wall be	Funeral Director	3 Westmoreland				4	21157			United	Sta	tes
ire, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours efter death with the Maryland f Health end Mental Hygiene. Item 27 is marked other than "netural", or items 23s or 28s-f show	Examiner	þ	11. Maritai Status 1 ☐ Never Married 2 ☐ Married 3 ☒ Widowed 4 ☐ Divorced	12. Was Decedent Ev Armed Forcas? 1 ☐ Yas 2 🖎 No If Yes, Give Year or Dates:			/es Decedent of Yes, specify Cut ☐ Yes 2 ☑ No			cify Yes or No- lican, atc.)		ck, White,	can Indian, etc. White
5-0 72 ho	Scal.	Completed	15. Decedent's E (Specify only highest gr	ducation	16a.	Decede	ent's Usual Occu	pation	t of workin	. 1	16b. Kind of B	usinass/in	
within ene.	Me	nple	Elementery/Secondary (0-12)	College (1-4or 5+))	life. D	O NOT use retire	ed)	COI WOIKIN	9			
led w	ř.		12			emp	loyee						ed store
Maryland d 2 should be filed the end Mental Hygi	>	Be	17. Father's Nama (First, Middle, Last)				18. Mothe	er's Neme	(First, Middle, N	feiden Suman	10)	
Aaryle 2 should end Men la marke	of e	ဥ	John Thomas Far		101						Richa		
Mar d 2 sho th end 7 le m	Ten I		19a. Informant's Name/Relationship (William B. Dula			. Mailing	Address (Stree						MD 21157
1 and Health em 27	Jeun	-	20a. Method of Disposition	inej/ Daecu		Dispos	ition (Name of			Т	Oc. Location -		
Demit. Peges 1 and Department of Health Important: If New 27	land or		1 ☑ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special	fy)		stm	inster (Cemete		5/97	Westm		er, MD
Departing of the parting nce.		21. Signature of Funeral Service Licer	nsae		22.	Name and Address	Funer hingt	al Ho	ome & Ch	apel minste	r, M	D 21157	
Physici	ion		23a. Part1. Enter the disease, or com shock, or heart failure. List only					ing, such as	cardiac or	respiratory arre	st,		Approximate interval Between Onset and Death
/Medic Examir	cai		Immediate Cause (Finel disease or condition resulting in death)	Sept	lic	5	hocti						14 hrs
		ner	resulting in deality		ue to (or as a c							1	
cate be executed physician end the hurial-transit		Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	b	ue to (or as a c	consequ	ence of):						
death certificate be executed eattending physician end	15 20	Med	Cause (Disease or injury that initiated events resulting in death) Last	d	ua to (or as a c	onsequ	ence of):						
death death	2 .	Physician	Part II. Other significant conditions of	contributing to death but	not resulting in	the und	derlying cause gi	ven in Part I		23b. Did tot	acco use cor	ntribute to	the cause of death?
res that the deiligned by the a	Gelaci									1□ Ye	8 2 No	3 Pro	bably 4 Unknow
requirements	o pinotie y	Completed by								24a. Was en	autopsy ed?	av	ere eutopsy findings alleble prior to impletion of cause deeth?
The law	D D	E								1 ☐ Ye	s 200 No	10	☐ Yes 2☐ No
define The certificate		Re	25. Wes case referred to modical examiner?					26. Place	of Death	Check only one)		
- 2 50	5 1	0	1 ☐ Yes 2 ☐ Ma	Hospital: 1 Inpatient	2 ☐ ER/Out	patient	3□ DOA Oti	her: 4 🗆 Nu	rsing Homa	a 5 Resider	nce 6 DOth	er (Specif	y)
- p 0 0 0	0	ertification:	27. Manning Death 1 Danieral 5 Pending 2 Accidant investigation	28a. Date of Injury (Month, Day Y	(ear) 28b. T	ima of njury	28c. inju Wo M 1	ryat rk? ∣Yes 2 🗆 I		3d. Describe how	w injury occum	ed	
of Attending after death. Director: After din by the fune	6	ertitio	3 Suicide 6 Could not b determined		- At home, far (Specify)	m, stree	et, factory, office		28	of. Location (Str. City or Town,	eet and Numb State)	er or Rura	Il Route Number,
To the Hospital or Attendin within 24 hours after death. To the Funeral Director: All completely filled in by the full	1	edical Co	29a. Cartifier (Check only one) 1 Certifying Ph	ysician; To the best of niner: On the basis of example and manner state	camination and	death o	occurred at the tiestigation, in my o	me, date an opinion, deal	d plece, an	d due to the car at the time, da	use(s) end me te and piece, a	nner as s and due to	tated. o the cause(s)
o the			296/Signature and titla of certified	,			29c. Licans	sa numbar		29	d. Date signed	d (Month,	Day, Year)
->-0		,	(hlas)()	detta-			DB	929	36		2/3	3/9	57
nesi/C		-	30. Name end eddress of person who RIRICKETS MI	completed cause of deat	th (Item 23a) (Type, P				2115		1	
	State		31. Date filed (Month, Day, Year)	32. Pegistrar				, , , ,	·		/		
Reg	istra	r	FEB 06 1	1991 7		ar to	4						



State of Maryland / Department of Health and Mental Hygiene 05264 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** 30 AM 26 /Medical 4b. City, Town, or Location of Deeth 4e. Fecility Nama (If not institution, give street end numbar) 4c. County of Deeth Examiner LARGO HEALTH CARE SEKUICES ANOK 0-If Under 24 Hrs. 8. Hours Min. If Under 1 Yeer 5. Social Sacurity Numbar 6. Sex 7. Aga (In yrs. last birthdey) Birthplaca (Stata or Foreign Country) **Funeral** 17-30-7261A Deys 1 M 2 W Yrs Director Usuai Residence of Decedent the Maryland show 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at PRINCES FORESTVILLE CE0(90 1 Yes 2 No Director 288-1 10f. Zip Code 10e. Street end Number 10g. Citizen of Whet Country? 6 011 ANIEL 238 Pages 1 end 2 should be filed within 72 hours after death nent of Health and Mental Hygiena. Int: If Item 27 is marked other than "natural", or Items 23. Funeral Rece - Amarican Indien, Biack, Whita, atc. 12. Was Dacadant Evar in U,S Armed Forces? Was Dacedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 11. Marital Status 14. Rece 1 ☐ Yes 2 PNo If Yes, Give Yaar or Detas: 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No þ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) 17. Fether's Neme (First, Middle, Last) Be IN 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Coda) int's Neme/Relationship (Type, Print) DK. 20741 Depertment of Health ar important: If Itam 27 is any injury or other trau 16 Ob. Place of Disposition (Neme of cametery, crametory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremation 3 Ramovei from Stata 4 Donetion 5 Other (Specify) 21. Signature of Funeral Service. 22. Nama and Addrass of Fecility Thompson WL 503 Culperer MAIN 51 e, or complications that caused the deeth. Do not enter the mode of dying, auch es cardiac or respiretory errest List only one ceuse on each line. Approximete Intervei Between Onset and Deeth **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in deeth) Examiner Examiner attending physician and for use as the burial-transit Hospital or Attending Physician: The lew requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediata cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or es e consequença of) P.O. Box 68760, Physician/Medical Due to (or as e consequance of): been signed by the a should be detached f Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 1 Yes 2 No 4 Unknown Division of Vital Records. þ Be Completed 24a. Was an autopsy performed? 24b. Wera autopay findings available prior to completion of cause of death? cate has it 1 Yas 2 No 1 ☐ Yes 2 ☐ No certificate 25. Wes case referred to medical examiner? 26. Placa of Death (Check only one) 1 Yes 2 No Othar: Certification: To 1 I inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 ☐ Rasidenca 6 ☐ Othar (Specify) this filled in by the funeral 27. Manner of Death 28a. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how injury occurred 28b. Time of Aftar 5 Pending investigation 1/ENature To the Hospital or Attendit within 24 hours after death.

To the Funeral Director: A completely filled in by the fr death. 1 Yes 2 No 2 Accident 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 Suicide 6 Could not be 28e. Pleca of Injury - At home, ferm, atreet, fectory, office building, etc. (Specify) 4 | Homloide Medical 29e. Certifier Tecertifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end dua to the cause(s) end manner as stated. 2/ Madical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at tha time, data and place, and due to the cause(s) and mannar stated. 29b. Signatura and title of certifier 29c. Licansa number 29d. Data signed (Month, Dev. Year)

State Registrar 31. Dete filed (Month, Dey, Year)



Bowie-MD

			Certificate of		F	Reg. No.	05265
Physic /Med		1. Decedant's Name (First, Middla, Last) DELICIA A .	WITHERSPOON		2. Deta of Dea Month 02	Day 199	3. Time of Death 2:45 PM
Exami		4e. Facility Nama (If not Institution, give street end number) 8906 Gladeside Court		4b. City, Town, or Lo	ocation of Deeth		
Funera Director		220-31-8535 ^{1 M 2 M F} 6	i. last birthday) If Under 1 Yaer Months Deys		8. Deta of Birtl (Month, Day 10 24	(, Year)	Birthplace (State or Foreign Country) West Deria, Africa
Maryland f show	or		ity, Town or Location			**************************************	10d. Inside City Limits 1 ☑ Yas 2 ☐ No
3a or 28e	al Director	10e. Street and Number 8906 Gladeside Court	10f. Zip Coda 20735			10g. Citizen of What (Country?
d within 72 hours after death with the Manyland glene. w than "natural", or frams 23a or 28a-f show in the Medical Examine must be notified as	by Funeral	11. Maritel Stetus 1 Never Merried 2 Married 3 Nowled A Divorced 12. Wes Decedent Ever in the Armed Forcas? 1 Yes 2 Now If Yas, Giva Yeer or Detas:	U,S. 13. Was Decedent of If Yes, specify Cub		ecify Yas or No- Rican, etc.)	14. Rece - Ar Black, Wi Specify: B	
within ene.	Completed	15, Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 2+	18a. Decedant's Usual Occu (Giva kind of work dona life. DO NOT use retire Pay Master		ing	16b. Kind of Busines	ss/Industry
be filed tal Hyg d other	To Be C	17. Fether's Name (First, Middla, Last) Jerry Witherspoon		18. Mothar's Nam Elizab		Maidan Sumame) peheart	
th ar		19a. Informant's Name/Ralationship (Type, Print) Joyce Ross/Daughter	19b. Mailing Addrass (Stree 13927 Castle	Blvd., Si		ring, Mary	yland 20904
Pages nent of int: If It			Place of Disposition (Nama of cemetery, crematory or other pleate Of Heaven Ce		2/08 997	20c. Location - City of Silver Spr	orTown, State ring, Maryla
parmit. Departri		21. Signature of Funarel Sarvica Licensaa Nan ay A. Percentie	7474 Land	NKINS FU	Landove	r, Marylai	nd 20785
Physician /Medical Examiner	iner	23a. Part1. Enter tha disaesa, or complications thet caused tha dea shock, or haart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of):				Approximate Interval Between Onset and Death
deeth certificate be axecuted e attending physician and of for use as the burial-transit	in/Medical Examiner	if any, leading to immediate cause. Enter Undertying Cause (Disease or Injury c.	or as a consequence of):				
by the	Physician/M	Part ii. Other significant conditions contributing to death but not re-	sulting In tha undarlying causa gi	ivan in Part I.			rts to the cause of death? Probably 42 Unknow
ew requires as been sign 2 should be	Completed by				24a. Was a	an autopsy 24t med?	b. Were eutopsy findings available prior to completion of cause of death?
The ate h		25. Was casa refarred to medical			1 🗆 Y		1 ☐ Yes 25 No
ling Phys 1. After this funeral di	ation: To Be	examinar? 1 Yas 25 No Hospital: 1 Inpatiant 2 To the property of the property	28b. Tima of linjury 28c. Inju		ma 5 Rasid	ance 6 □Other (Sp ow Injury occurred	pecify)
2 4 7 5	Certification:	4 ☐ Homicida building, atc. (Speci			City or Tow		·
To the Hospital or within 24 hours after To the Funeral Dir completaly filled in	ledical	29e. Cartifiar (Check only and the discal Examiner: On the best of my kni and the discal Examiner: On the best of axaminer and the one at stated.	owledga, death occurred at tha ti ation and/or Invastigetion, in my	ima, data and place, opinion, daath occur	and due to the cred at tha time, o	ause(s) end mannar data and placa, and d	as stated. ua to tha cause(s)
To t Com	M	29b. Signafurelythd title of certifler	29c. Licen	(250)		2/3/97	onth, Day, Year)
(2)			926 Wood yard	Rd (Maro,	I MIT	20735
St: Regist		31. Data filed (Mohin, Day, Year) S27 32. Begistrer's Sign	kor Redell				

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 05266 Amended #'s 25. 27. \$ 29a. Per M.E. P.G.C. 45/97 Ch Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month BARBERT B. WILLIAMS January 27, 1997 5:30 am /Medical 4a. Fecility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Prince George's Hospital Center Cheverly Prince George's H Undar 1 Year If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Sociel Security Number 6. Sax 7. Age (In yrs. lest birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1 X M 2 □ F Yrs. 578-10-7774 Director Sept. 9, 1909 South Carolina Usual Residence of Decadant the Maryland 10b. County 10a Stata 10c. City, Town or Location 10d. Insida City Limits 28a-f show so filed within 72 hours effer death with the Maryla el Hygiens 124 or thems 23a or 28a-f show to other transfer or thems 25a or 28a-f show went, tra Madica Externing transfer or the provided and the second transfer or the second 1 X Yas 2 □ No Director Prince George's Cheverly 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 3200 Belleview Avenue 20785 U.S.A. Funeral 12. Wes Dacedent Ever In U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No If Yes, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, etc. 1 Nevar Married 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: þ 3 Nidowad 4 ☐ Divorcad Specify: White Completed 16a. Dacadant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacadant's Education 16b. Kind of Businass/Industry (Spacify only highest grada complated) Elemantary/Sacondary (0-12) Collaga (1-4or 5+) Entrepreneur Private Industry 17. Fether's Neme (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Pages 1 and 2 should be file ment of Health end Mentel H lant: If Item 27 is marked oth Be William Baxter Williams 2 Icie Adams 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Route Number, City or Town, Stata, Zip Code) item 27 i Robert C. Williams - Son 3200 Belleview Avenue, Cheverly, Maryland 20785 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of camatery, cramatory or other placa) Data 20c. Location - City or Town, State permit. Pages Depertment of Important: If it any Injury or o 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) Gate of Heaven Cemetery 01/30/97 Silver Spring, MD 22. Nama and Addrass of Facility
Francis Gasch's Sons Funeral Home, P.A. 21. Signeture of Funaral Service Licenses 4739 Baltimore Avenue, Hyattsville, MD 20781 23a. Part1. Entar tha disaasa, or complications that caused tha daath. Do not antar tha mode of dying, such as cardiac or raspiratory attached, or haart failura. List only ona causa on aach line. Approximata Intarval Batween Onset end Death **Physician** /Medicai Immadiata Causa (Final a. PulmoNARY Embolus

Dua to (or as a consaquanca of): disaasa or condition rasulting in death) Examiner The law requires that the death certificate be executed Sequantielly list conditions, if eny, leading to immadiate causa. Entar Undarlying Cause (Disaesa or Injury that initiated avants rasulting in daath) Last Division of Vital Records, P.O. Box 68760, Dements A Physician/Medical Dua to (or es e consequança of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? 2 No certificate or Attending Physician: after death. Be 25. Was casa rafarrad to madical 28. Placa of Daath (Check only ona) Othar: 4 Nursing Home 5 Rasidanca 6 Othar (Specify) Hospital: 1, Sinpatiant 2 □ ER/Outpatient 3 □ DOA 10 1 Yas -212 No · this 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred Medical Certification: Affer 5 Panding Invastigation SUBJECT FELL AT HOME IN THE BEPROOM 1/2 Natural 1 ☐ Yas 2 No 2 Accidant JANUARY 11, 1997 UNKNOWN 128e. Place of Injury - At homa, ferm, street, factory, office building, etc. (Specify) rector: In by the 3 ☐ Sulcide 6 Could not be datamined Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 | Homicida ត់ To the Hospital or within 24 hours aft To the Funeral Dis completely filled In HOME 3200 BELLEVIEW AVENUE, CHEVERLY, MD Medical Examiner: On the best of my knowledge, death occurred at the time, date end plece, end due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29a Certifian 29b. Signatura and titla of certifiar 29c. Licansa number 126287 30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print) 1305 Billimore Ave 107 College Perh, Res 20740

State

Registrar

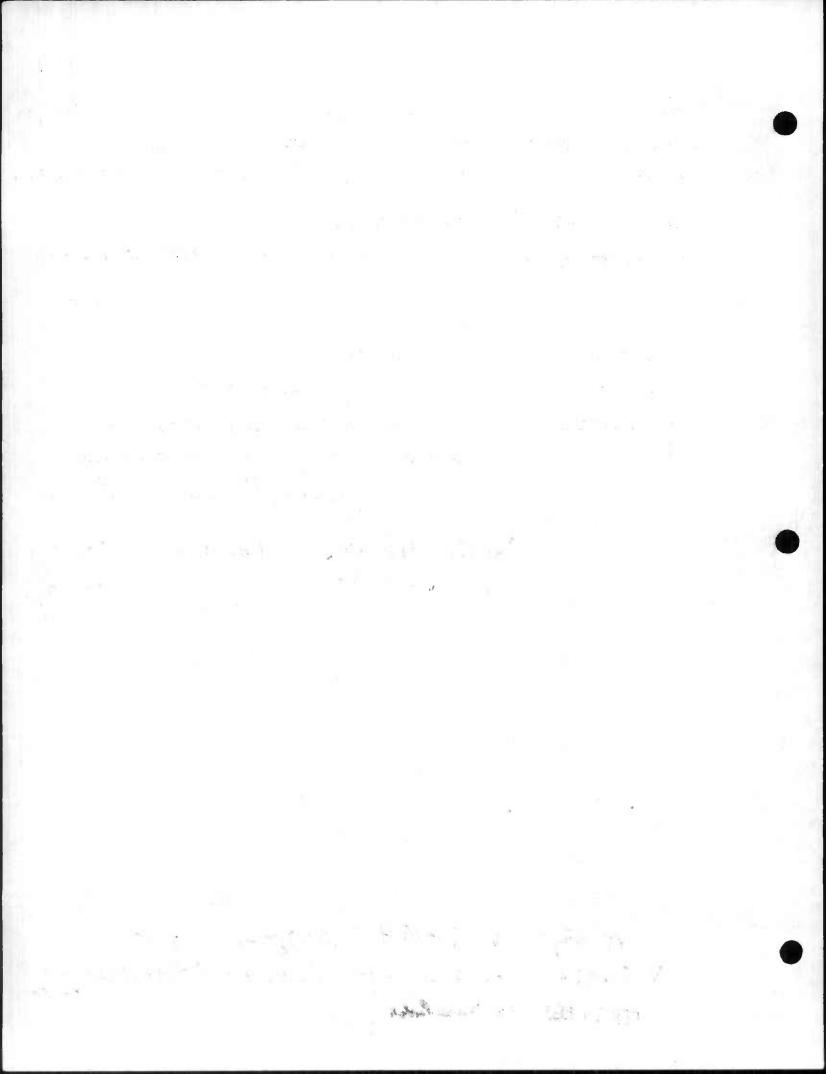
31. Data filed (Month, Day, Yaar)

THE CONTRACTOR

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

lh. inini	1. Decedent's Nan	ne (First, Middle, La	st)		Certificate of	Dodin	2. Date of Dec		3. Time of	Death
hysician / /Medical	HELEN	/			WINFIE!	1	Month FEB.	Dey 19	Year 9:	4301
Examiner	4a. Facility Name (If not institution, giv	e street and number)			4b. City, Town, or L	ocation of Death	4c. County	of Death	
	WASHINGT 5. Social Security N		IST HOSPI		thday) If Under 1 Year	TAKOMA I		MONTO		
ineral rector	577-33-0 Usual Residence of	020	M 2□XF	e (In yrs. last bii 91	Yrs. Months Days		8. Date of Birtl (Month, Da) 12-13-0	y, Year)	9. Birthplace (State of Country) WASHINGTON	
Examiner must be notified at by Funeral Director	10e. State	10b. County		10c. City, Tow	n or Location	-			10d. Inside Ci	ity Limits
Director	N/A	N/A	A	WASHI	NGTON, D.C.				1 XYas	2□No
Dire	10e. Street and Nu	mber			10f. Zip Code			10g. Citizen of \		
eraj	1312 CLI	FTON ST.	N.W. 12. Wes Decedent	Ever in 11.0	2000				TATES AMER	ICA
by Funeral		ied 2 Married	Armed Forces? 1 Yes 2 Xi If Yes, Give Year or Dates:		13. Was Decedent of If Yes, specify Cut		Ricen, etc.)	Specify	e - American Indien, ck, White, etc.	
Completed	/Sno.	15. Decedent's Ed	ducation	16a.	Decedent's Usuai Occu	pation		16b. Kind of Br	usiness/Industry	
nple	Elamantary/Saco		College (1-4or 5	i+)	(Give kind of work done life. DO NOT usa retire	ed) auring most or work	ang			
	10th G	RADE (First, Middle, Last)		I	HOME MAKER	10 Mathada Ma	- (Fire Add day		HOME	
Be C						18. Mother's Nam			10)	
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once.	BERNARD		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	LO 12th ST.				20003	
	20a. Method of Dis	position	ID	20b. Place of	Disposition (Name of y, cramatory or other pla	1	Date		City or Town, State	7.1.1
		5 Other (Specif	Removal from State		OD CEMETER		12-97	WASHING	TON, D.C.	
-BOUG	21. Signature of Fu	neral Sarvice Licer	1500	4	22. Name and Addr	ess of Facility	JOHNSON	& JENKI	NS INC.	
a	De	bra 9	Spent.	June)	716 KEN	NEDY ST. 1			20011	
alcal Examiner	Immediate Cause disease or condition resulting in death) Sequentially list colf any, leading to incause. Enter Unde Cause (Diseasa or	on	b. P	Due to (or as a of	ONE HE CONSEQUENCE OF):	ARTI	-ALIU	26	10 d	cys
Aedical	that initiated events resulting in death)		C	Due to (or as a c	onsequenca of):			F		
clan/Med			d						İ	
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by Pt							10 4	'ee 2□ No	3 Probably 4 T	Unknown
pieted							24a. Wes e		24b. Were autopsy fi available prior to completion of co of death?	0
Com							1□ Y	es 2 No	1 ☐ Yes 2 ☐	No
Be	25. Was case refer axaminer?	red to medical	110-2000			26. Place of Deat	h (Check only or	ne)		
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Certification:	1 Natural 2 Accident 3 Suicide	5 Panding investigation 6 Could not be		Year) in		Yes 2 No	28d. Describe h			
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Medical Certifi	29a. Cartifier (Check only one)	1☐ Certifying Ph 2☐ Medical Exam	valcian: To the best of iner: On the basis of and mannar sta	axa <i>m</i> ination and	daath occurred at tha ti Vor invastigation, in my	me, date and piace, opinion, death occur	and due to tha c red at tha time, d	ausa(s) and ma late and placa,	nnar as stated. and due to tha causa(s)	
M	29b. Signeture end	title of certifier	LV.	Sin	Type, Print) ER	se number D1969	7 2	9d. Date signed	(Month, Day, Year)	
	30. Name and add	ss of person who	completed causa of de	eath (Item 23a) (Type, Print) ER	PALKE	14	CLEGN	BELT M	0
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State of Maryland / Department of Health and Mental Hygiene 97 05268

					Ce	rtifica	te of	Death			Reg. No.		0000
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xaminer		4e. Fecility Nema (If not Institution, given Laurel Regional						4b. City, Town Laure	1		Princ		eorge's
neral ector		370-34-3004	Sex 7. I∐M 2[X]F	A regar (in yra: Audi Dillinoay)			ar 1 Year s Days		Min.	8. Data of Birth (Month, Day, Year) 11 10 1923			nplece (State or Forai untry) hington, I
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ar, or items 23a Examiner must. by Funeral		10e. Street end Number				10f. Zip Coda				10g. Citizan of What Country?			intry?
		4202 58th Avenue	20710			-2 /Cih	U.S.A.			e - American Indien,			
	5	11. Marital Status 1 ☐ Navar Married 2 ☐ Merriad	Armed Forc	12. Wes Decedant Evar in U,\$ Armed Forces? 1 ☐ Yas 20 No If Yas, Giva Yaar or Dates:		if Yas, specify Cu		f Hispenic Origin? (Specify uban, Maxican, Puarto Ric		an, atc.)	Bla	Black, Whita, atc.	
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80		17. Fether's Neme (First, Middla, Last					18. Mothar's N			irst, Middle	, Meiden Sumeme)		
5 9 O	>	Luther Wilson						Odean G		ss			
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		Sylvia Tolson/Da	ughter		8607	Gira	rd S	treet,	Land	lover,	Maryla	and 2	0785
8	1	20a. Mathod of Disposition		20b. F	Piece of Dispo	osition (Na	ame of	ice)	02	704	20c. Location	- City or T	own, Stata
5		1X Buriai 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Special			rmony				19		Landov	er. N	Maryland
		21. Signature of Funarei Sarvice Lice	isee	•				ass of Facility NKINS F				02 / .	mz j zama
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icai iner	- 1	immediata Causa (Final disaese or condition rasulting in daath)	Cardi	orespi	iratory	y Arı	cest					!	1 hour
		rasulting in daath)		Dua to (c	or as a consec	quance of	f):					1	
edicai Examiner			h Pulmo	nary I	Embolis	sm -	Fat	Emboli	sm			1	
хап		b. Pulmonary Embolism - Fat Embolism Dua to (or as a consequence of):											
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Medicai		that initiated evants rasulting in death) Last	V	Dua to (o	ras a consec	quance of):						
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cian/Mec			V										
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detached detached		Coronary Artery Disease								1 🗆	Yes 2 No	3 Pro	obably 4 Unkno
8 5										l an M			
should				200	2	2	Hypercholester		performed? availa			Vare autopsy findings vailable prior to completion of cause	
this certificate has been sal director, page 2 should To Be Completed													f daath?
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atio		1 ☑ Naturai 5 ☐ Panding 2 ☐ Accidant investigation		Day 16ai/	injury M			Yas 2□No					
Certification:		3 Suicida 6 Could not b	20a. Place of injury - At noma, farm, street,			reet, facto	factory, office		28f.	281. Location (Street and Number or Rural Route Number,			ral Route Number,
i i		4 Homicida building, atc. (Specify) City or Town, Stata)											
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		one)	tion and/or invastigation, in my					at ora tillia,			10 014 04404(4)		
2	1	29b. Signatura and titia of contilion				25	29c. Licanse number			29d. Data signed (Mo		ed (Month	, Day, Year)
		- audu				I.	4D 38	3260			Januar	y 31,	, 1997
1	3	30. Nana and addrass of person who	complated causa	of daath (itan	n 23a) (Type,	Print)							
		Brian K. Zell, M					Lau	cel. Ma	rv1a	nd 20°	707		
State	3	31. Data filed (Month, Dey, Year)		istrer's Signe									
gistrar		EED 09 100	7 6	As	Redal								
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State of Maryland / Department of Health and Mental Hygiene

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ral lor	2	Social Security 15-06- Jal Rasidenca	9709	S. Sax XIXM 2□ F	7. Aga (In y	rs. lest birthday) 20 Yrs.	Months Day			irth Dey, Year) 31,1976	9. Birthpl Count Wast	laca (Stele or Foreign	
		. State	10b. County		10c.	City, Town or Lo	ocation				10	0d. Inside City Limits	
or other traumatic event, the Medical Examiner must be notified at		MD	PRINC	E GEORG	ES H	HYATTSVILLE						1 Yas 2□ No	
	106	Street and N 2100 I		M STREE	T		10f. Zip Code	20782		10g. Citizen of What Country?			
		Marital Status 1 ঐNever Ma 3 □ Widowed	Armed Ford 1 Yes If Yes, Gir	12. Was Decadent Ever in U,S Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Datas:		13. Was Decedent of Hispanic Origin? (Sport of Hispanic Origin?) (Sport of Hispanic Origin?) (Sport of Hispanic Origin?) (Sport of Hispanic Origin?) (Sport of Hispanic Origin?)			pecify Yas or No- o Rican, etc.) 14. Rac Blac Specify		ca - American Indian, ack, White, etc.		
		15. Decadent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4)				16a. Decedent's Usual Occupetion (Give kind of work done during most of work life. DO NOT use retired)			orking	16b. Kind of B	Kind of Business/Industry		
0		12t		Compge (1 401 31)	N	IONE				non.		
any injury or other traumatic event, once. To Be C	17.	17. Fathar's Nama (First, Middle, Last) Francis E. Wright								ia (First, Middle, Meiden Surnema)			
	198		Name/Relationshi WRIGH		ER)						er, City or Town, Stete, Zip Code) TTSVILLE, MD . 20782		
	20a		☐ Cremation 3	☐Removal from	State	20b. Pleca of Disposition (Neme of cemetery, cremetery, cremetery or other pleca) Date 20c. Location - City or Town, State							
			5 ☐ Other (Spe		M		ID NATI		eb.1,19			, MD.	
	21.	21. Signature of Funeral Service Licensee 22. Name and Address of Facility RALPH WILLIAMS FUNERAL SERVICE 517 - 11th STREET, SE; WASHINGTON, D.C.											
		Part1 Enter	the disease or o	amplications that o	caused the de								
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Be Completed by Physician/Medical Examiner	Imridistress Secretarian Cautarian Part	mediate Causa aese or conditi ulting in death, quentially list or ny, leading to in se. Enter to in se. Enter to in se. Enter to initiated even ulting in death)	onditions, mmediate lentring in injury is Last	a. Sl	Due to	o (or as a consect of or as a co	quenca of): quenca of): quenca of):	ying, such as cardi	23b. Did	I tobacco use co I Yss 2 No s an autopsy ormed?	ontribute to 3 □ Prob. 24b. Wei	Approximate Interval Between Onset and Death Onset and Death the cause of death? ably 41 Unknow re sutopsy findings liable prior to apletion of cause eath?	
To Be Completed by Physician/Medical Examiner	Section of the sectio	mediate Cause aese or conditi ulting in death, guentially list or ty, leading to i niblated even ulting in death) II. Other signi	ondations, mediate letrying in last	a. Solution and a contributing to de	Due to Dua to eath but not re	o (or as a consequence of consequence) (or as a consequence of consequence) (or as a con	quenca of): quenca of): quenca of): quenca of): quenca of):	given In Part I. 26. Place of Dother:	23b. Did 1 24a. Wa: perf 24h. (Check only)	I tobacco use co I Yss 2 No s an autopsy ormed? Yes 2 No one)	antribute to 3 Prob 24b. We ava com of d	Approximate Interval Between Onset and Death Onset and Death the cause of death? ably 4 Unknow re sutopsy findings ilable prior to appletion of cause eath?	
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o Be Completed by Physician/Medical Examiner	Section of the sectio	was case refearment? II. Other signi	in (Final on) onditions, mmediate learning in injury is Last ifficant conditions ifficant conditions orred to medical No th 5	a. Slands and a contributing to de contributing to	Due to Due to Due to Due to Due to Due to Due to	Death. Do not enter the property of the proper	quenca of): quenc	26. Place of Dother: 26. Nursing uny at ork? 280No	23b. Did 1 24a. Warperf 1 24a. Warperf 28d. Describe 28d. Describe 28d. Location City or To	I tobacco use colly yes 2 No s an autopsyormed? Yes 2 No one) iidenca 6 Ott how Injury occur if Street end Numi www. Street	antribute to 3 Prob 24b. Wei ava corr of d 1/80 per (Specify, red) per or Rural	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset O	

State Registrar

FFA 03 1997

32. Registrar's Signature

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Item5 6-19-97 Film G-748 W.H PER FState of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** illiams Feb 1997 1 II: 50 PM 5 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner Chalfor Prince ane Bowie 17378 d Georges If Undar 1 Yaar 5. Social Sacurity Number If Undar 24 Hrs 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 579 40 4961 1□M 2対策 Months Days Hours Year) Yrs. Director 59 29,1937 Washington D.C Sept. Usual Rasidance of Dacedani the Maryland 10a Stata 10b County 10c. City, Town or Location 10d. Insida City Limits 28a-f ehow Examiner must be notified at Director Maryland Prince George's XX Yas 2□No Bowie 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? 5 Herns 23a 12328 Chalford Lane 20715 death Funeral United States 12. Was Decedant Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. filed within 72 hours after 1 □ Navar Marriad 2 □ Marriad 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: naturel', or 1 ☐ Yas 2 ☐ No by ¥ Widowed 4 □ Divorced Specify Black. Completed the Medical 15. Decedant's Education (Spacify only highast grada complated) 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry ith end Mantal Hygiene. 27 Is marked other than "r r traumatic event, me Neo Elamantary/Secondary (0-12) Collaga (1-4or 5+) 12 Library Technical Advisor U.S. Government 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Surnama) . Pages 1 and 2 should be fill ment of Health end Mantal Hant: If Item 27 Is marked oth lury or other traumatic even Be 2 Benjamin **Blocker** Mamie Robinson 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Williams Daughter 0zella Μ. 12328 Chalford Lane Bowie Maryland 20715 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) 2/13/97 20c. Location - City or Town, Stata Burial 2 Cramation 3 Ramoval from Stata Depertment of important: If any injury or 4 □ Donation 5 □ Othar (Specify) Arlington National Cemetery Arlington Virginia 21. Signatura of Funaral Sarvice Licans 22. Nama and Addrass of Facility Robert E. Evans Funeral Home, P.A. Vans 16000 Annapolis Rd. Bowie Md. 20715 23a. Part1. Entar tha diseasa, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intarval Batween Onset and Death **Physician** /Medical Immadiata Causa (Final 8 mouths disaasa or condition rasulting in death) Examiner Dua to (or as a consequance of) Examiner The law requires that the death certificate be executed tha burial-trensit Sequantially list conditions, if any, laading to Immadiata cause. Entar Undarlying Causa (Disaase or Injury that initiated avants rasuiting in daath) Last Dua to (or as a consequence of): Physician/Medical Dua to (or as a consequanca of). for use es Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 3 Probably 4 Unknown 1 Yes 2 No þ should be 24b. Wara autopsy findings available prior to complation of causa of daath? Completed 24a. Was an autopsy performed? peed page 2 Aftar this certificata has 1 Yas 2 No 1 Yas 2 No Attending Physician: Be 25. Was casa rafarred to medical 28. Placa of Daath (Chack only ona) Othar: 4 Nursing Homa 2 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 5 Rasidance 6 □Othar (Specify) Director: After this in by the funeral 27. Manner of Death Data of Injury (Month, Day Year) 28d. Dascribe how Injury occurred Certification: 28b. Tima of 28c. Injury at Work? 5 Panding Invastigation 1 Salatural death. 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datamined 3 Sulcida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify) after after 4 Homicida To the Hospital within 24 hours a To the Funeral C (Y Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. Medical 29a. Cartifiai (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Day, Year)

State Registrar

FER 07 1997

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30. Nama and address

31. Data filed (Month, Day, Year)

33 Registrar's Signatura

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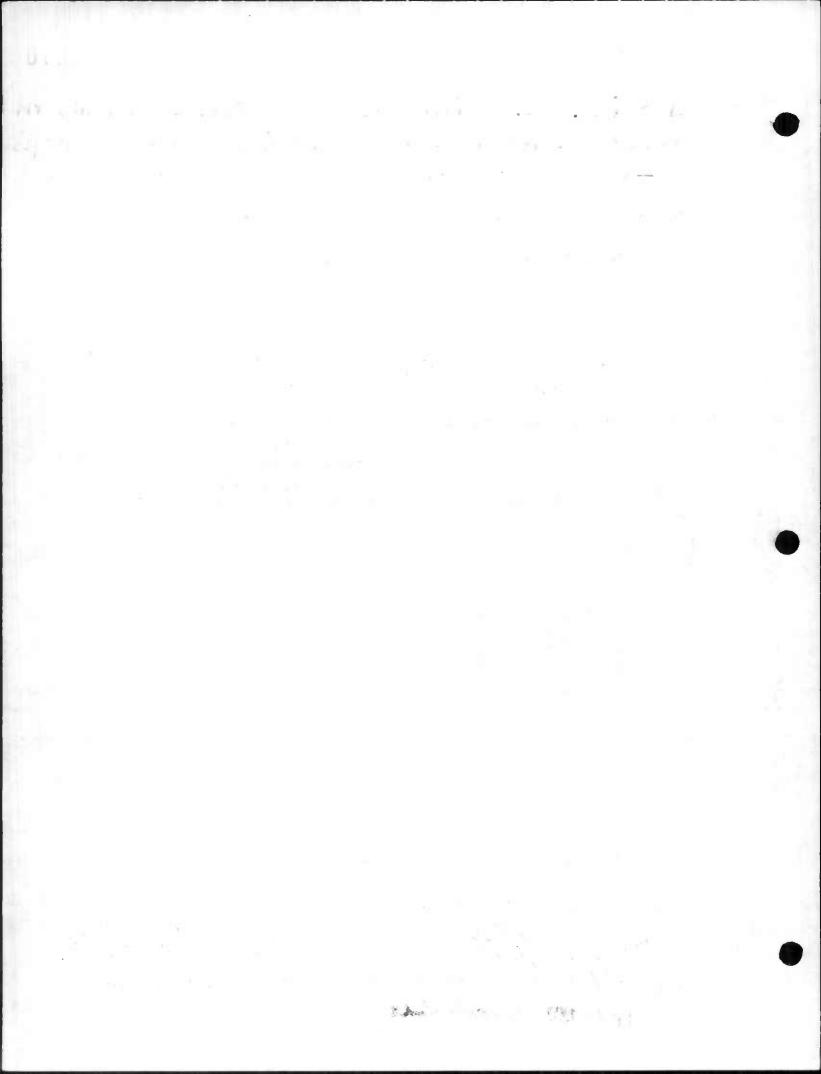
th (Item 23a) (Type, Print)

21215-0020

Baltimore, Maryland

P.O. Box 68760.

Division of Vital Records,



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 05271 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death Month 3. Time of Deeth WILSON Year EDITH 4.55 Am 4.1997 FEBUARY 4e. Fecility Name (If not institution, give street end number) 4c. County of Deeth 4b. City, Town, or Location of Deeth mary hand Hospital Southern Georges If Under 1 Year Months Days 5. Sociel Security Number If Under 24 Hrs. 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Dey, Year) 1□M 2\ F Days Hours 579-32-6514 Mar 13,1927 Maryland Usual Residence of Decedent 10e State 10b. County 10c. City, Town or Location t 0d. Inside City Limits Maryland Prince Georges Suitland N Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20746 4651 Lacy Avenue United States 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2√☐ No if Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. 11. Marital Status 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No Specify: Specify: Black 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Retired Private 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) George Simms Julia Warner 19a. informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Lawanda Campbell (Granddaughter) 19550 Lariet Pl., Waldorf, Maryland 20e. Method of Disposition 20b. Placa of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State Buriai 2 Cremation 3 Removal from State FT. LINCOLN CEMETERY 4 ☐ Donation 5 ☐ Other (Specify) 2/8/97 Laurel, Maryland 21. Signature of Funeral Servica Licensee 22. Name end Address of Facility ALEXANDER S. POPE FUNERAL HOMES M859 5538 Marlboro Pike, Forestville, Md 20747 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete interval Between Onset end Death Immediate Cause (Final disease or condition resulting in death) Aute myocardia Infaction Diabetes mellitus years Due to (or es a consequence of) Hypertension years Due to (or es a consequenca of):

Physician /Medical Examiner

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page 2 this certificate has

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Completed

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Certification: To

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7 1/6

Physician

/Medical

Examiner

Director

Funeral

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Completed

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Funeral

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7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours efter death.
Department of Heelth and Mental Hygiene.
Important: If item 27 is marked other than "retural", or Items 23s any Injury or other traumatic avant

Baltimore, Maryland 21215-0020

Records, P.O. Box 68760,

Division of Vital

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifies

Director: After thi

pellil

certificate be

the Maryland

Examiner the bunal-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest attending physician for use es the buna Physician/Medical

Peripheral Vasculat Disease

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Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Incurrect taking of

1 Yes 2 No 3 Probably 4 Unknown 24a. Wes an eutopsy performed? 24b. Were autopsy findings available prior to

23b. Did tobacco use contribute to the cause of death?

25. Was case referred to medical examiner? 1 Yes 2 No

Inpatient 2 ER/Outpatient 3 DOA 28b. Time of

28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify)

completion of cause of death? 2 N No 1 Yes 2 No 1 Yes

27. Manner of Deeth 1 Natural 2 Accident

3 Suicide

4 Homicide

28e. Date of injury (Month, Dey Year) 5 Pending investigation

28c. Injury et Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

29a. Certifier

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end plece, and due to the cause(s) end manner stated.

29b. Signature end-title of certifier

29c. License number

26. Piece of Death (Check only one)

6 Could not be determined

326357

29d. Date signed (Month, Dey, Year) 9

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) 9/31 HAYR Precentariany Ad Inton Dowald

State Registrar

31. Dete filed (Month, Dey, Year)

32 Registrar's Signeture Jakin Davidean

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Amended item #26 per F.D. State of Maryland / Department of Health and Mental Hygiene 05272 2/7/97 Carroll Co. p.1.c. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day **Physician** Hui Cha Yasutomi 1997 4:00am Feb. /Medicai 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Howard County Cooksville 828 Hoods Mill Road If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) Date of Birth (Month, Dey, Year) **Funeral** Months Days Hours 1□M 25 F Vrs Director 533-74-6999 Usual Residence of Dece 56 Aug. 7, 1940 Korea Decedent 10a. State 10c. City, Town or Location 10b. County 10d. Inside City Limits rai', or items 23a or 28a-f show Examiner must be notified at Kahului 1 ☐ Yes 2 TNo Director Hawaii Maui 10e. Street and Number 10a. Citizen of What Country? 10f. Zip Code U.S.A. 96732 death v Funerai 111 Kahului Beach Road A324 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiene. Important: if term 27 is merked other than "natural", or iten enty injury or other traumetic evant, the Medical Examinations. I Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married Saltimore, Maryland 21215-0020 by Specify: White 3 Widowed 4 Divorced Completed 16e. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Domestic Homemaker 17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Surneme) Be Unknown Unknown 0 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 111 Kahului Beach Rd. A324 Kahului, Hawaii 96732 Mr. Oren Yasutomi (Husband)
20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 【XCremation 3 ☐ Removal from State Carroll Cremation Serv. Hampstead, MD 4 Donation 5 Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility HAIGHT FUNERAL HOME & CHAPEL (Box 195) Sykesville, MD 21784 (410)-795-1400 Part 1. Enter the disease, or complications in it caused the death. Do not enter the mode of dying, such es cardiec or respiratory errest, shock, or heart failure. List only one cause in each line. Approximete Interval Between Onset and Death **Physician** /Medicai Immediate Cause (Finel disease or conditio resulting in death) **Examiner** Due to (or es e consequence of): Physician/Medical Examiner physician and the bunal-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or as a consequence of): that initiated events resulting in death) Last Due to (or as a consequence of): 98 esn signed by the a Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an eutopsy performed? Completed peen pege 2 1 Yes 2 No certificate 25. Wes case referred to medical examiner? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospital: 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Menner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Naturel 2 Accident

Box 68760. Records, P.O.

Division of Vital Mospital or Attending Physician:
 24 hours efter death.
 Funerel Director: After this certifical letely filled in by the funeral director. To the Hosp within 24 ho To the Fune completely fi

5 Pending

investigation 6 Could not be

1 ☐ Yes 2 ☐ No 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, State)

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of certifie

3 Suicide

29a. Certifier

4 Homicide

29c. License number

29d. Date signed (Month, Day, Year)

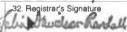
30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

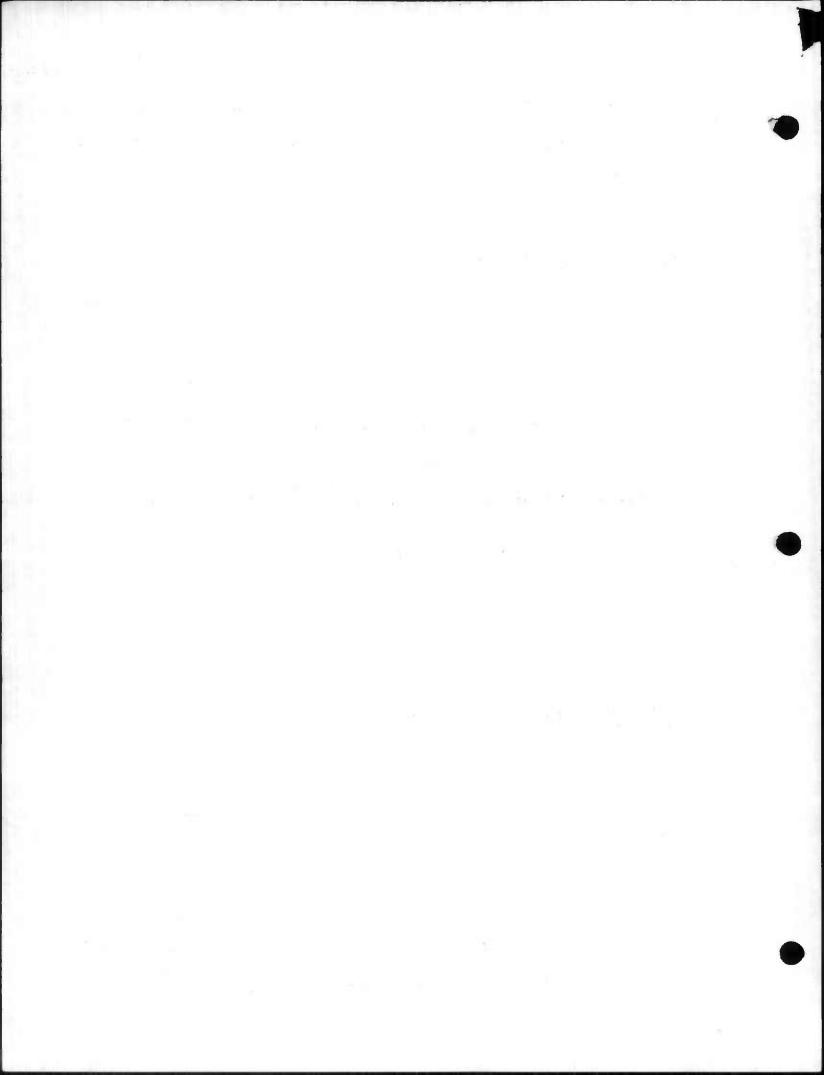
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31. Dete filed (Month, Dey, Year) FEB 07 1997





Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended # 26.P.G.C. 2-3-97 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** Month GLADYS ANETTA YEARWOOD 8:25PM January 22, 1997 /Medicai 4e. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner 8104- 15th Avenue Hyattsville

If Under 1 Yeer If Under 24 Hrs. 8. Dele

Months Deys Hours Min. (Mor Prince Georges Birthplece (State or Foreign Country) 6. Sex 5. Sociei Security Number 7. Age (In yrs. last birthdey) 8. Dele of Birth (Month, Day, Year) **Funeral** Deys 1□M 20 F Yrs. Director Not Applicable 86 10-10-10 Guinea, WI Usual Residence of Decedent with the Marviend 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28s-f shor treumstic event, the Medical Examiner must be notified at 1 Yes 2 No Director MD. Prince Georges Hyattsville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8104-15th Avenue 20783 Trinidad death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, While, etc. filed within 72 hours after Hygiene. Hydiene. 1 □ Never Merried 2 □ Married 1 ☐ Yes 2X No If Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: Black à 3℃Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 8th Housewife N/A mit. Pages 1 and 2 should be file partment of Health and Mentel Hy portant: If Item 27 is marked oth y injury or other treumetic even 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be To Nathaniel Corion Naomi Farray 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Janet Manzano/Daughter 8104-15th Ave., Hyattsville, Md. 20783 20b. Plece of Disposition (Neme of cametery, cremetory or other plece) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 X Burial 2 ☐ Cremetion 3 ☐ Removel from State Department of Important: If eny injury or George Washington Cem. 1/28/97 Adelphi, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerei Service Licenses 22. Neme end Address of Fecility TRI-STATE FUNERAL SERVICES 21 6234- 3rd Street, N.W. 23a. Pert1. Enler the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart feilure. List only one cause on each line. Approximate Intervel Between Onset and Deeth Physician /Medical Immediate Cause (Finei disease or condition resulting in death) Lela Examiner Examiner physician and s the burlel-transit requires that the deeth certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Last P.O. Box 68760, 001 Physician/Medical Due to for as a con-USB BS ed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yee 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Wes an autopsy performed? Completed certificate 2 No Attending Physician: director. 25. Wes case referred to medical Be 26. Piece of Deeth (Check only one) Other: Hursing Home ome 5 Residence Cher (Specify)
28d. Describe how injury occurred 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this filled in by the funeral 28e. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28c. Injury at Work? Certification: After 1 PNeturel 5 Pending investigation il or Attending is efter deeth. 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

Division of Vital Records, Hospital c

To the Hospital within 24 hours e To the Funeral C State Registrar

31. Dete filed (Month, Day, Year) FEB 03

4 Homicide

29a, Certifier

29b. Signature at

30. Neme and address

Medical



of person who completed cause of deeth (Item 23a) (Type, Pript)

1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) end menner stated.

29c. License number

281. Location (Street end Number or Rural Route Number, City or Town, State)

29d. Date signed (Month, Day, Year)

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene 05274 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Dev Vaar **Physician** Month CONRAD BENNER CHARLES 19 1997 8:30 PM February, /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner VA Maryland Health Care System Cecil Perry Point If Under 1 Yeer | If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) June 23, 1929 9. Birthplece (State or Foreign Country)
Mary Land 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Hours 180 M 2□ F Yrs. 67 Director 219-30-0980 Usual Residence of Decedent with the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at Dundalk 1 ☐ Yes 2 No Maryland Baltimore Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? United States 7867 St. Claire Lane 21222 death v Funeral 12. Was Decedent Ever In U.S. Armed Forces? 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. Pages 1 and 2 should be filed within 72 hours after onent of Health end Mental Hygiene. Int: If them 27 is marked other then "natural", or the 1 ☑ Yes 2 ☐ No if Yes, Give Year or Dates: Korean 1 Never Merried 2 Married 1 Yes 2 No Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) Manufacturing Tow Motor Operator 6 Years 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Marie Schrimer Lo Wilhelm Benner 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Reletionship (Type, Print) 7867 St. Claire Lane Dundalk, Maryland 21222 Mrs. Alice C. Benner/Wife other 1 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other pleca) 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removei from State permit. Page Department of Important: If eny Injury or once. ò 4 Donetion 5 10ther (Specify) Entombment Gardens of Faith Cem. 2/24/1997 Baltimore. Maryland 22. Name and Address of Fecility Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland for the distance, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, heart failure. List only one cause on each line. Approximete Intervel Between Onset and Death **Physician** /Medical Immediate Cause (Finel disease or condition resulting in death) a Massive cerebral vascular accident six months Examiner Due to (or es e consequence of): Examiner Hypertension unknown lew requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest bunal-tran Due to (or es e consequence of): physician Physician/Medical the Due to (or as e consequenca of) attending p Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings evallable prior to completion of cause of death? Completed 24e. Wes en autopsy performed? peen has 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 26. Piece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2X No M Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 28e. Date of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28c. injury et Work? 1 Naturai 5 Pending investigation 1 Yes 2 No 2 Accident Attend or Attent after deat Director: 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 10.00 4 Homicide To the Hospital within 24 hours To the Funeral D completely filed \(\foats\) Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end piece, end due to the ceuse(s) end menner es steted.
2 ☐ Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the ceuse(s) end menner stated. 29a. Certifier Medical 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 9 D30951 February 20, 1997 completed cause of death (Item 23a) (Type, Print) 30. Mame and address of person who ANGELO LUCCO, M.D., VA Medical Center, Perry Point, Maryland 21902

21215-0020

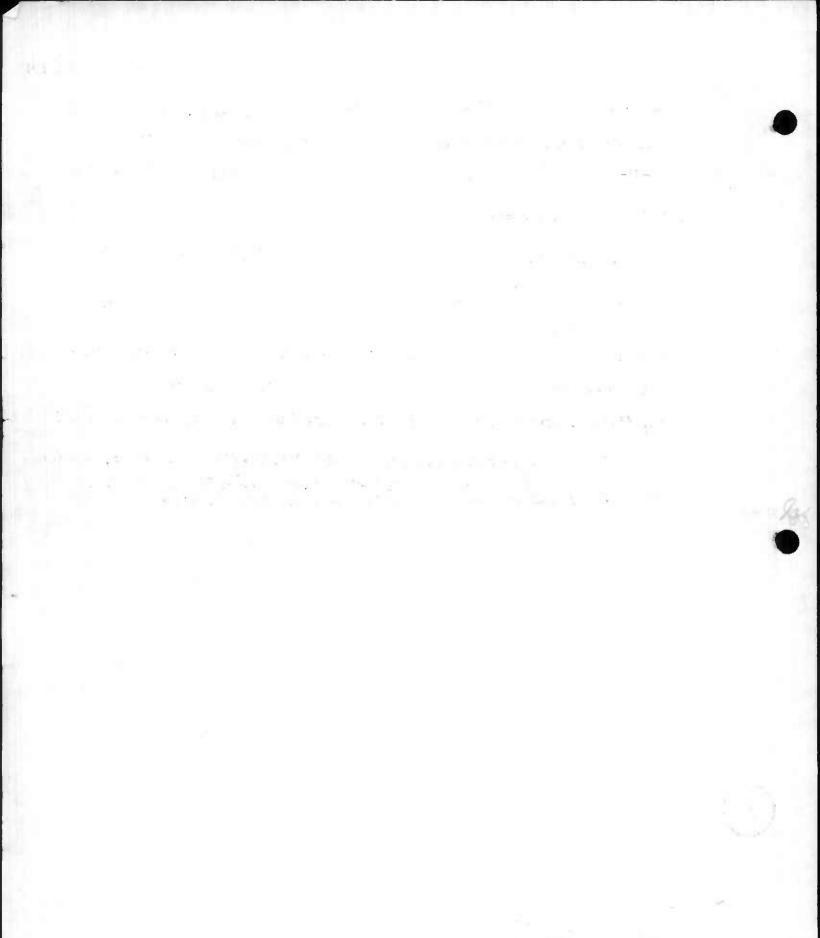
Baltimore, Maryland

Records, P.O. Box 68760,

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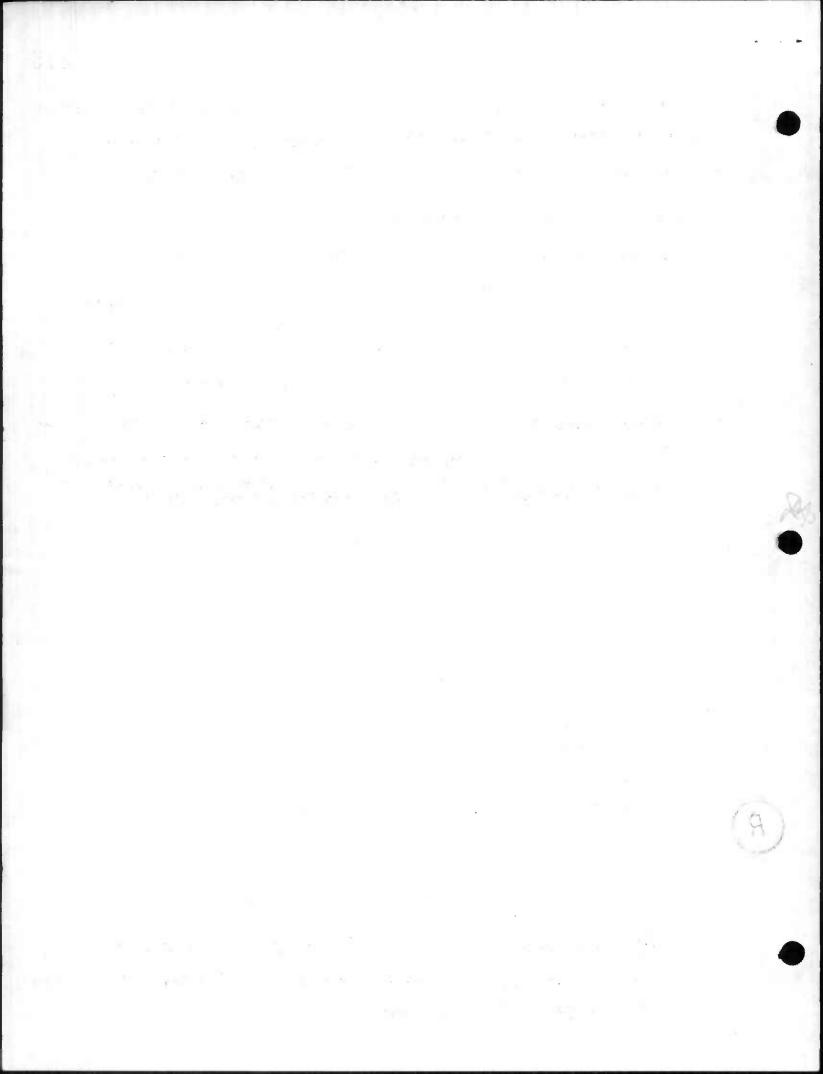
Division

State Registrar Registrar's Signature La Savidson



State of Maryland / Department of Health and Mental Hygiene

05275 Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Death 3. Tima of Death **Physician** Month Sophie Boles February 22 1997 12:01 am /Medical 4a. Facility Name (If not institution, giva streat and numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner Riverview Nursing Centre l Eastern Blvd. Baltimore Baltimore If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Sacurity Number Birthplaca (State or Foreign Country)
 Poland 6 Sex 7. Aga (In yrs. last birthdey) **Funeral** 1□M 2XF 98 215-28-7905 Yrs. Director September 21,1898 Usual Residence of Dacedent 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show the Medical Examiner must be notified at 1 X Yes 2 No Directo Maryland N/A Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ò items 23a 6807 Moyer Avenue 21234 Funeral United States filed within 72 hours after death 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes ≥ 2 M No tf Yas, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexicen, Puarto Rican, etc.) Race - American Indian, Btack, White, etc. 1 Nevar Married 2 Married 21215-0020 ò 1 ☐ Yes 2 No Specify: by 3 ☑ Widowed 4 ☐ Divorced Specify: White "natural", Completed 15. Decedent's Education 16a. Decedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) Pagas 1 and 2 should be filed within nant of Health and Mantal Hygiene. int: if Item 27 Is marked other than Elamentary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home Baltimore, Maryland 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be Buczkowski John Mary Ann Krowczyk 19a. Informant'a Name/Relationship (Type, Print) 19b. Malting Address (Streat end Number or Rural Route Number, City or Town, State, Zip Code) permit. Pagas 1 and 2 s Department of Health ar Important: if Item 27 is any Injury or other trau 6807 Moyer Avenue Mr. Melvin Chrzanowski/Son Baltimore, Maryland 21234 20a. Mathod of Disposition 20b. Place of Disposition (Nema of cematery, cremetory or other place) 20c. Location - City or Town, State 1 ☑ Buriat 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) St. Stanislaus Cemetery 2/24/97 Baltimore, Maryland 21. Signature of Funeral Service Licensaa Brian A. Willem 22. Name and Addrass of Facility Leonard J. Ruck Funeral Home, Inc. 5305 Harford Road Baltimore, Maryland 21214 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such es cerdiac or respiratory arrest, shock, or heart failura. List only one causa on aach line. Approximate interval Between Onset and Death Physician Atherosclerotic Cardiovascular Disease /Medical Immediate Cause (Final 4 years disaase or condition rasulting in death) **Examiner** The law requires that the death certificate be axecuted Sequantially list conditions, if any, laading to immediata ceusa. Enter Undarlying Cause (Disease or Injury that initiated avents rasulting in death) Last and Due to (or as a consequence of) Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceusa givan in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 Probably 4 Unknown Dementia To Contractures. by 24b. Were autopsy findings available prior to Be Completed Hy () Kidney Cancer 24a. Wes an autopsy performed? completion of causa of death? cata has 1 ☐ Yes 2 No 1 Yes 2 No Vita 25. Was cese referred to medicel 26. Place of Death (Check only one) Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 Yas 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describa how Injury occurred 5 Pending 1 ☐ Yes 2 ☐ No Invastigation 2 Accident 6 Coutd not be determined 3 Sulcida Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify) 2 4 Homicide ò within 24 hours a To the Funeral C completely filled Hospital 29a. Certifier 1 Certifying Physician: To the best of my knowladga, daath occurred at tha time, date and place, and due to the cause(s) and mannar as stated. Medicai 2 Medical Examiner: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. To the 29b. Signature and titte of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Nama and address of person who completed ceuse of daath (Itam 23a) (Type, Print) NEETA DESHPANDE, M.D. IEASTERN BLYD, BALTMORE, MOZIZZI 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Registrar



State of Maryland / Department of Health and Mental Hygiene

	1. Decedent's Name (First Advisor)	l ant)		Certifica	te of	Death	la en en	Reg. No.		00210
Physician	1. Decedent's Neme (First, Middle, Betty Jun		BOV	VLIN			2. Dete of D. Month Februa:		9 ^{Yeer}	3. Time of Death 5:30 a.m
/Medical	4e. Fecility Neme (If not institution,			1221		4b. City. Town.	or Location of Dee			3.30 a.m
xaminer	Franklin Square					Rosedal		Balti		
eral			je (In yrs. lest		er 1 Yeer	If Under 24 H	frs. 8. Dete of Bi		9. Birthplece (State or Foreig Country) Texas	
tor	455-38-4452	1 □ M 2 🔭	67	Yrs. Months	Deys	Hours M		ey, Year) 18,1929		
	Usuei Residence of Decedent							10/1020		
_	10e. Stete 10b. County Maryland Baltin	NOTO.		own or Location					10	d. Inside City Limits
Director	-	ore	I	Middle Ri						1 ☐ Yes 2 ☑ No
	10e. Street and Number 26 Stabilizer I	britan			ip Code			10g. Citizen of \		ry?
Funeral			Fires in 11.0		21220		(OW-)	U.S.		- In-Man
u n	11. Maritel Stetus 1 Never Merried 2 Married	12. Was Decedent Armed Forces? 1 ☐ Yes 2 🟋		If Yes, sp	ecify Cub	nan, Mexican, Pu	(Specify Yes or Nerto Rican, etc.)	0- 14. Hed Bied	e - America ck, White, e	
by	3 □ Widowed 4 □ Divorced	If Yes, Give Year or Detes:	NO	1 ☐ Yes	2 No	Specify:		Specify	Whi	te
Is marked other than "natural", or raumatic event, the Weddal Exam. To Be Completed by F		Education	16	Se. Decedent's Us	ual Occu	pation		16b. Kind of B	usiness/Ind	ustry
	(Specify only highest ; Elementary/Secondary (0-12)	rade completed) Coilege (1-4or 5		(Give kind of w life. DO NOT	ork done use retire	during most of a	vorking			
	12	College (1-40) S	5+7	Asse	emble	er		Elect	ronic	s
	17. Fether's Neme (First, Middle, La	•				18. Mother's N	lame (First, Middle	, Melden Sumen	ne)	
10	Edward Childres					Vera	Gilbert			
To	19e. Informent's Neme/Reletionship						Rural Route Numb			
7	Garette Bowlin	(HUSBAND)	4	26 Stabil	izei	Drive	Middle	River, M	id. 21	220
	20e. Method of Disposition 1 St Buriei 2 Cremetion 3	□ Pomovol from State	of Disposition (Netery, cremetory or	me of other ple	ce) 2/	7// / 1007		City or Town, Stete		
	4 Donetion 5 Other (Spe		Garde	ns Of Fai	th Ce	emetery	1	Baltimo	re Co	.,Md.
ouce.	21. Signeture of Funerai Service Lic	ansee		22. Name a	nd Addre	ess of Fecility	ral Home	D 3		
any injury once.	1 Same 7	Quent	gland				Avenue		M-J 2	1221
	23e. Pert1. Enter the disease, or co shock, or heart feilure. List on	mplications that caused	the death. D	o not enter the mo	de of dyi	ng, such es card	liec or respiretory	errest,		Approximete Intervel Between
an										Onset end Deeth
al er	Immediate Ceuse (Finei diseese or condition	Sepsis			2	days				
	resulting in deeth)	6.								
- Lu		Peritoni	Peritonitis						2	days
Examiner	Sequentially list conditions,									
	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Dissess or Injury	Chronic	Chronic Renal Failure						1	year
edical	thet Initiated events resulting in deeth) Lest		Due to (or es e consequença of):							
×		Hyperter	nsion						2) years
lan										
Physician/	Pert II. Other significant conditions	contributing to death bu	ut not resulting	In the underlying	cause gh	ven in Pert i.	23b. Did	tobacco use co	ntribute to	the cause of death?
							1 🗆	Yes 25 No	3 Prob	ably 4 ☐ Unknow
d by							04: 11/-	(CECCONSTRUCT	Odb Woo	o outoon findings
Completed							≥4e. vves perf	s en eutopsy ormed?	com	e eutopsy findings labie prior to pletion of cause
du										eth?
							10	Yes 💥 No	1 🗆	Yes 2□ No
Be	25. Was case referred to medical exeminer?	Hospitel:			04	hor:	eath (Check only			
To	1 ☐ Yes 2 No 27. Menner of Deeth	Unpatie Inpatie		Outpatient 3 D		4 LI Nursing	Home 5 Res			
10	1 Neturel 5 ☐ Pending	(Month, De)	28e. Dete of Injury (Month, Dey Year) 28b.			ryet rk? Yes 2 ☐ No	280. Describe	how injury occur	Del	
Ica	2 Accident investigat 3 Suicide 6 Could not	1169 S INO	28f Location	(Street and Numb	er or Dural	Boute Number				
1	4 Homicide determined determined determined building, etc. (Specify)								or or mural	rioute reuniber,
O I	29a Cartifier Sero-state	budden Teller ber	of many lames to the	an dorth a	at the co	ma deta a 1 1	as and during the	anung (=)		1
Medical	29e. Certifier (Check only one) Certifying Certifyin	hysicien: To the best of iminer: On the basis of	examinetion e	ge, deeth occurred end/or investigation	et the tie n, in my c	me, aete end pie opinlon, deeth od	curred et the time,	dete end piece,	end due to	ted. he cause(s)
Me	29b. Signeture end title of certifier	end menner ste	neu.	90	le Licens	se number		29d. Date signe	d (Month D	ov Yeari
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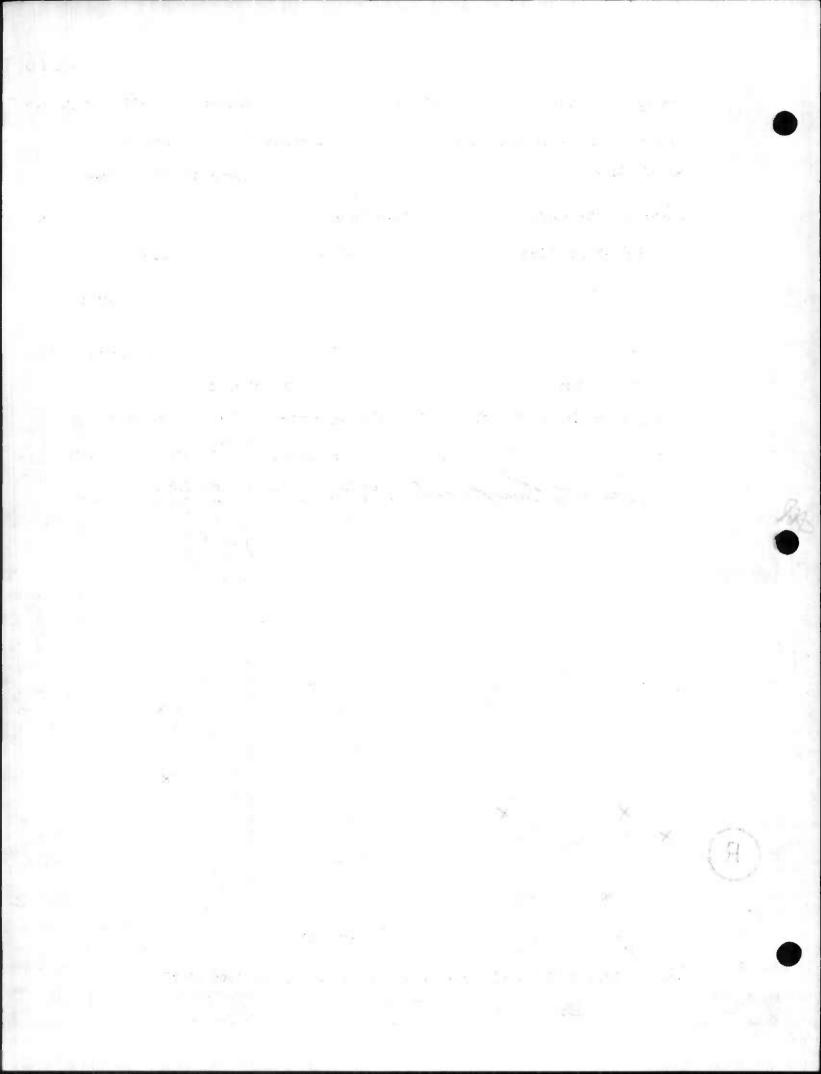
State

Registrar

31. Dete filed (Month, Day, Year) FEB 2 4 1997

Mella Cubis

30. Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Print)
Meeta Gulati 9000 Franklin Square Drive Baltimore, Maryland 21227 32 Registrate Signeture Rendelle



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 05277 Certificate of Death 1. Decedant's Name (First, Middia, Last), 2. Data of Death 4a. Facility Name (If not institution, give street and number 4b. City, Town, or Location of Daath G/EN BURNIE SSN HNNE ARUNDEL 8. Data of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) if Under 1 Year 5. Social Sacurity Number 6. Sex 104M 2□ F 9. Birthplace (Stata or Foreign Country) 219-32-8316 Days Hours 62 Usual Rasidanca of Dacedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits trunde 1 ☐ Yes 2 No HNNE DURNIE (1s 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21060 3 le le USA 12. Was Decedent Ever in U,S. Ammed Forcas? 1 ☑ Yes 2 ☐ No If Yas, Giva 11. Maritai Status Was Decedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Raca - Amarican Indlen, Black. Whita, atc. 1 Navar Married 2 Married 1 ☐ Yas 2 No Spacify Specify: 3 Widowad 4 Divorcad 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decadant's Education 16b. Kind of Business/Industry (Specify only highast grade complated) Elamentary/Secondary (0-12) Collaga (1-4or 5+) esearch lechnicia» Mothar's Nama (First, Middla, Maidan Sumama) 17. Fethar's Nama (First, Middle, Last) Alonzo R. 24 SUNDE ONES ele N 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 185 - WISter rooklyw MONNED. DENNETT Dean St. N.U 20c. Location - City or Town, Steta 20a Mathod of Disposition 20b. Placa of Disposition (Nama of cematary, cramatory or other place) Date 1 ☐ Burlai 2 Cramation 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Othar (Specify) 21 rematore 22. Nama and Address of Facility re of Funeral Service License 720 arch Enter the disease, or complications that causad tha daeth. Do not antar the moda of dying, such as cardiac or raspiretory errest, or heart failure. List only one causa on aach lina. 21212 Approximata Intarval Between Onsat and Deeth Immediate Ceusa (Final disease or condition rasulting in daath) RESPIRATORY Awerks Dua to (or as a consequence of) ATE LECTASIS Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated avants rasulting in death) Last Dua to (or as a consequence of): Dua to (or as a consaquance of) Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown DENAL 1 Yes 2 No 24b. Wara autopsy findings available prior to complation of causa of daath? 24a. Was an autopsy performed? EN CEPHA LO PATHY 2 No 1 Yas 2 No 25. Was casa rafarred to medical axaminer? 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Dipatient

equires that the death certificate be executed Division of Vital Records, P.O. Box 68760. signed t

Physician/Medical Examiner þ Be Completed

Medical Certification: To

Physician /Medical

Examiner

Funeral

Director

28a-f show

Completed by Funeral Director

Be

2

filed within 72 hours after death with the Maryland

Baltimore, Maryland 21215-0020

Peges 1 and 2 should be filed within 72 hours after death with the Marylar nent of Heelth end Mental Hygiene. ant: If item 27 is marked other then "natural", or items 23a or 28a-f show my or other traumetic event, the Medical Examines must be notified as

permit. Peges 1 and 2: Depertment of Health er Important: If Item 27 is any injury or other trau

Physician

/Medical

Examiner

or Attending Physic To the Hospital or Attending Phys within 24 hours effer death.

To the Funeral Director: Affer this completely filled in by the funeral di After this

31. Data filed State Registrar

27. Manger of Death

1 Natural

2 Accidant

4 Homicide

(Check only

29b. Signetura and titla of cartifiar

3 Suicida

5 Panding invastigation

6 Could not be datarmined

28b. Tima of Injury 28c. Injury at Work? 28d. Dascribe how injury occurred 1 ☐ Yas 2 ☐ No 28a. Placa of Injury - At homa, farm, straet, fectory, office building, atc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29c. License number 29d. Date signed (Month, Day, Year) D439 MID

2 ER/Outpatient 3 DOA

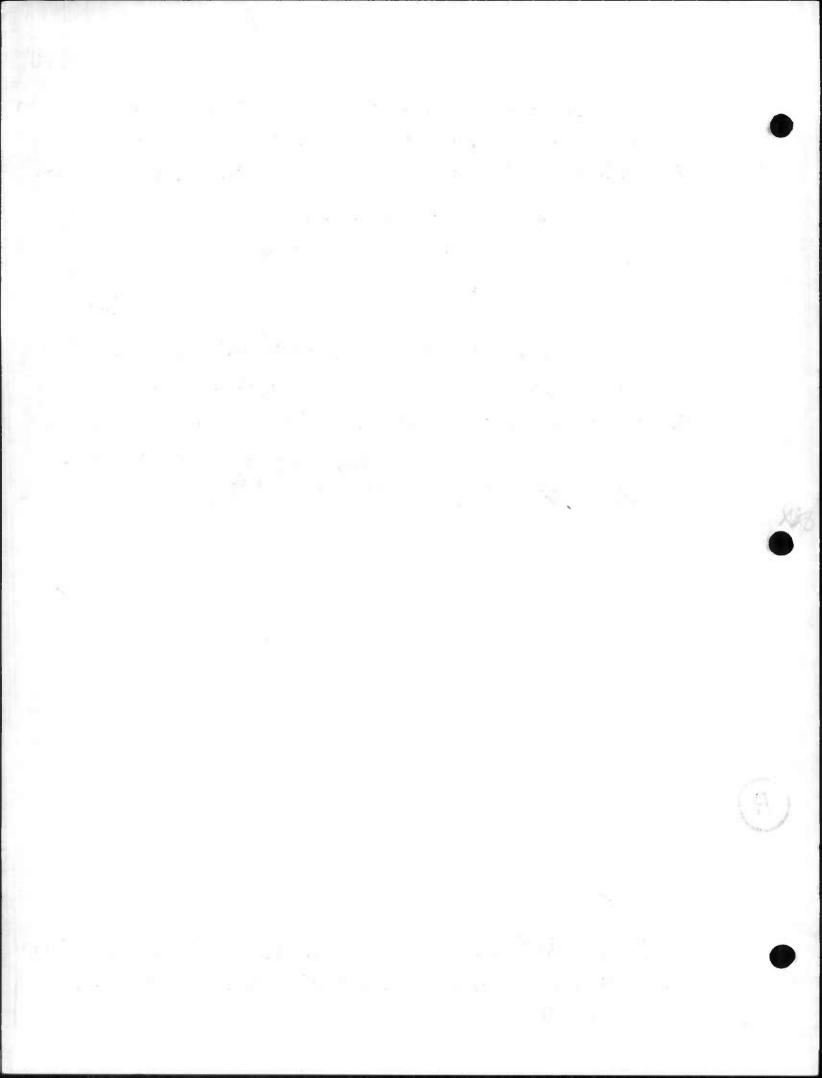
30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print) Gren Busnit DRIVE.

H03.217AL 32/ Alie Basidouro Randalle



State of Maryland / Department of Health and Mental Hygiene 97 05278

				Certifica	te of Death	Reg	. No.	00270
			1. Decedent's Nama (First, Middla, Last)			2. Data of Death	-07	3. Time of Death
	Physic		Esther B RAGIEY	-CARR		FEBRUAR	Dey 18 199	7 9:30Am
	/Medi		4a. Facility Nama (If not institution, give street and number)	O KILL	4b. City, Town, or I		4c. County of D	
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				or to at birth do it. If I Indo	r 1 Yaar If Undar 24 Hrs.		NA	
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5			Usual Residence of Decedent 10a, State 10b, County 10	c. City, Town or Location				404 1-14-00-11-1-
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5	or 2	Sire	10e. Street and Number		Code	100	. Citizen of What	Country?
death with the Menylend	238	ie	1/36 Bentalou St	12-6-6+	51516		USA	1
	25	Funeral Director	11. Maritai Status 12. Was Decedent Evar Armed Forces?	In U,S. 13. Was Dece	dent of Hispanic Origin? (S ocify Cuban, Mexican, Puert	pecify Yes or No-		merican Indian,
O st	른흥		1 Never Married 2 Married 1 Yes 2 No		A .	o rican, etc.)		/hite, etc.
02 urs	- 1	by	3 Widowed 4 □ Divorced if Yes, Giva Yaar or Dates:	1 ☐ Yes	21A No Specify:		Specify:	Slack
5-0020 72 hours after	"natural",	Completed	15. Decedent's Education	16a. Decedent's Usu	al Occupation	16	b. Kind of Busine	ss/Industry
T 5	- CM	ple	(Specify only highast grade completed) Elementary/Secondary (0-12) College (1-4or 5+)	life. DO NOT u	ork done during most of wor use retired)	xing D		C 0 "
21 d with	Hygiene. ort, the	0	12911H H131	100d S	ervice O	20tranac	=1610C	Dr. College
P	a di A	BeC	17. Fathar's Nama (First, Middle, Last)	<u> </u>	16. Mothar's Nan	na (First, Middle, Ma	iden Sumama)	
an d be	Mental arked o	To B	UNKNOWN		17.	1/210	WN	
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e, N	f Heelth item 27 other tr			NX 1603 E	. Diddle	34. D	A I TO.	CI S) S () S ()
0 8			1 Burlal 2 Cramation 3 Ramoval from Stata	cometery, crematory or	othar place)	1 1	C. Location - City	or rown, State
E &			4 ☐ Donation 5 ☐ Other (Specify)	Arbutus M	en. Park!	5/22/97	Dalto). Md.
Balt Permit.	Departmentimportant: any injury		21. Signature of Funeral Sarvice Licensaa	22. Nama ai	nd Address of Facility	Home- U	Jest	
00 8	8 = 2 8		Xal Musel	1130	1 1 1	1.0	So 1-to.	md. 21215
	-		23a Part. Enter the disease, or complications that caused the shock, of heart failure. List only one ceuse on each line.	death. Do not enter the mod	O CLEO S N de of dying, such as cardiac	or respiratory arres	100 (70.	Approximate
Dh	ysician		shock, of heart failure. List only one ceuse on each line.					interval Between Onset end Death
	Medical		Immediate Cause (Final	ro cardial =	TALP	-1 -		
Ex	aminer		resulting in death)			67		
		9		to (or as a consequenca of)				
Pe	nsit.	Examiner	0.	nduac arri	rynia			
x 68760, entificate be executed	attending physiclan and I for use as the bunal-transit	Xar	if any, leading to immadiate	to (or as a consequance of):		. 1		
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87 est	the	edicai	resulting in death) Last	to (or as a consequence of):	1			
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. 8	the a	Sic	Part II. Other significant conditions contributing to death but no	t resulting in the underlying	cause given in Part i.	23b. Did tob	cco use contrib	ute to the cause of death?
ords, P.O	20	Physician	Correction and Anna			1 ☐ Yee	2□ No 3□	Probably Monknown
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Records,	uld b	8				24a. Was an		b. Were eutopsy findings available prior to
8 1	should should	jet				parlorme	dr	completion of cause of death?
B a	page 2	Completed						
a						1 🗆 Yas	P No	1 □ Yas 2 □ No
ξ₽	director,	Be	25. Was case raferred to medical examinar?			th (Check only one)		
5	P is	2	1 Yes 2 No Inpatient	2 ☐ ER/Outpatient 3 ☐ Di		ome 5 Rasiden		Specify)
-	After	5	27. Manne of Death 1 Netural 5 □ Pending 28a. Date of Injury (Month, Day Yea	28b. Time of injury	28c. Injury at Work?	28d. Describe how	Injury occurred	
VISIO	or: A the fi	ati	2 Accident investigation	М	1 Yas 2 No			
Division or Attending	2 B 2	Certification:	3 ☐ Sulcida 6 ☐ Could not be determined 28e. Place of Injury - building, etc. (S)	At home, ferm, street, fector pecify)	y, office	28f. Location (Stre City or Town,	et and Number or State)	Rural Route Number,
0 9	ed in	Ce		**				
deo	hou ly fill	cai	29a. Certifier Certifying Physician: To the best of my	knowledge, death occurred	at the time, date and placa	, and due to the cau	se(s) and menner	es stated.
Ĭ	within 24 hours after To the Funeral Dire completely filled in t	edicai	(Check only one) 2 Medical Examiner: On the besis of examiner and manner stated.	mination and/or investigation	, iii my opinion, death occu	neu at the time, date	and place, end (DUD TO THE CRUSE(S)
Total	To the	Z	29b. Signatura and title of certifier	29	c. Licensa number	290	. Date signed (Me	onth, Day, Year)
			Janana y dan V-		D37213	F	chair-	18 1997
	0.	-	30. Name and address of parson who completed cause of death,	(Itam 23a) (Time Brint)	-3120	1	CD) UUI	3 13 1111
	1		1000 4 40 1 31	Jest Made	037203	Baltonia	Md	21215
	Sta	to	31. Data flied (Month, Day, Year) 32. Rightstrar's		GC G-191 / 1	winde		
	Registr		FEB 2 4 1997 Julia Da	widson-Andalls				



		1. Decedent's Nama (First, Middla,				ificate of		2. Data of D			3. Tima of Daath	
Physici /Media	cai	ANNA 4a. Facility Nama (If not institution,		LINE	BRE		4b. City, Town, or L	Month FE3.	-	Yaar 1997 by of Death	2:20 Av	
Examir	ier	This will be to be a second of the second of	OSPITAL				BALTIMOI			N/A		
Funeral Director		5. Sociat Sacurity Number 219-18-1870		7. Aga (In yrs. las		if Undar 1 Yaar Months Days		8. Data of Bi (Month, D	irth	9. Birthp Coun	laca (Stata or Foraig try) Y L A N D	
and w		Usual Residance of Dacedant 10a. Stata 10b. County		10c. City,	Town or Loca	tion				1	Od. Insida City Limits	
28a-f show	to	MD BALTI	MORE								1 ☐ Yas 2 🕅 No	
0 % 0		10e. Street and Number		10f. Zip Coda					10g. Citizen of	What Coun	try?	
		711 MAIDEN C	HOICE L	ANE		21:	228		U	SA		
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	JOHN TOKARZ PAU						AULINE SCWACHINA					
	19a. Informant's Name/Ratationshtp (Typa, Print) 19b. Mailing Address (Street and Number or									Coda)		
		JAMES S. BRENN 20a. Mathod of Disposition 1 □ Burlal 2 □ Cramation 3	☐Ramoval from \$	20b. Pia	ca of Disposit			SEVE Data	RNA PA 20c. Location		MD 21146 wn, Stata	
rtmen rtant: njury		4 Donation 5 Other (Spe	**	CHE			MATORY 2	2-24	BELTSVILLE, MD			
Depariment in portion in procession in proce	Departimpor any irr	21. Signature of Funaral Sarvice Lie	Start	4	ST		ASHTON NDSON A					
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hysician /Medicai xaminer		Immadiata Causa (Final disaasa or condition resulting in daath)	е		s a conseque					1	Onsaf and Death	
7.00	Iner			D00 10 (01 a	is a conseque	1100 01).						
physician and sthe buriel-transit	al Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	C	Due to (or as a consequence of):								
	n/Medical	that Initiated avents rasulting in death) Last	d	Dua to (or a	s a conseque	nca of):						
e attending	sicia	Part II. Other significant conditions	contributing to da	ath but nof rasulti	ng in the unde	arlylng causa giv	van in Part I	23b. Did	tobacco usa co	ontribute to	the cause of death	
requires that the death centre deep signed by the attending hould be detached for use e	by Physician/M	Dementia							Yas 2□ No		1.0	
28 2	Completed							24a. Was pert	s an autopsy ormad?	cor	ara autopsy findings allabla prior to mptation of causa daath?	
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Is certificate ha	Be	25. Was case refarred to medicat examinar?	Hospital: 🏖			Oth	28. Place of Deet					
or death.	ation: To	1 Yas 2 No 27. Mennar of Deeth 1 Natural 5 Panding 2 Accidant invastigat	28e. Deta o (Monti		8/Outpatiant 8b. Time of Injury	28c. Injur	4 LI Nursing Ho		idanca 6 Oti how injury occu		()	
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with To t	Σ	29b. Signature and titla of cartifier	Thenk	Bully		29c. Licans	16704	29d. Data stgned			1 (Month, Day, Yaar) 22 1997	
		30. Nama and eddrass of person wh		of death (Itam 2	3a) (Type, Pri	A Com	Es Ho				MO	
Sta	te	31. Data filled (Month, Day, Yeer) FEB 2 4 1997	2 32. Re	gistrall's Signatu	endelle		•		1/			

DHMH 16 Rev 6/95

Registrar

	ack Indelible Ink. Assure A / Department of Health and N				05280
	Certificate of Death	Reg	J. No.		
PEARL BUTLER		2. Dete of Death Month FEBRUAR		Yeer 1997	3. Time of Deeth 10:40AM
a. Fecility Neme (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL	4b. City, Town, or L BALTIMOR		4c. County	of Deeth	

Funerai

Physician

/Medical **Examiner**

5. Social Security Number

6. Sex

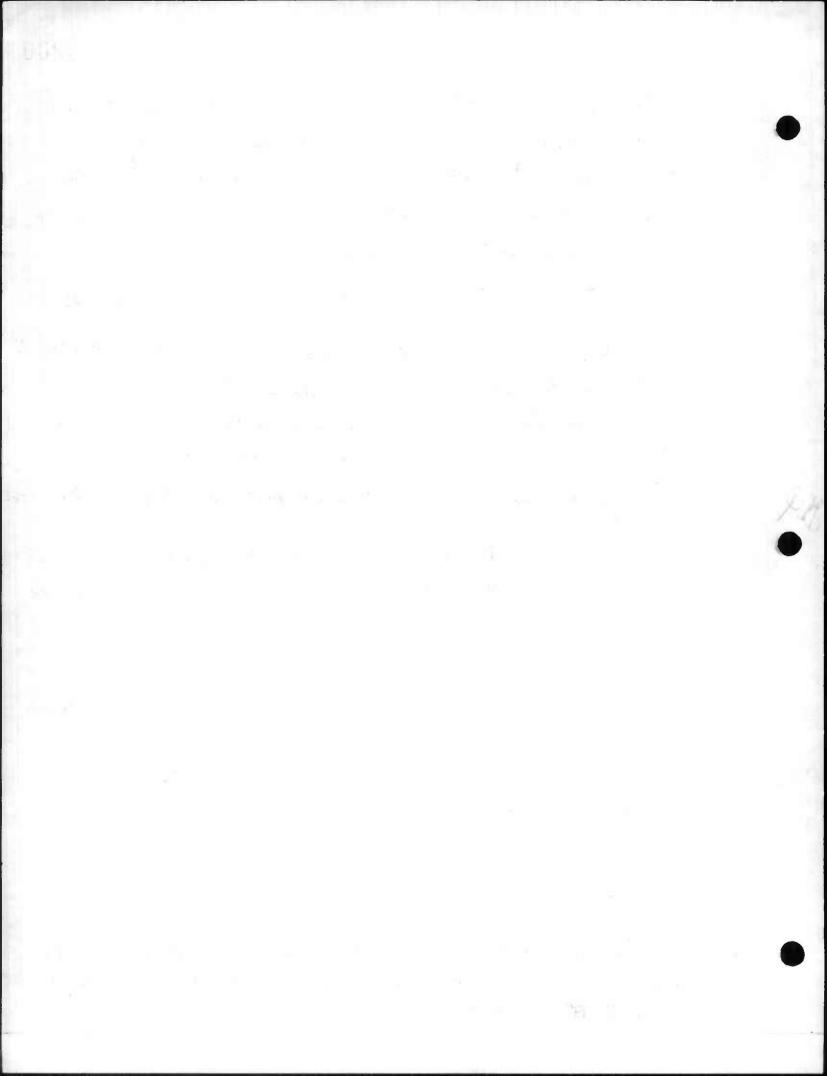
State

If Under 1 Year If Under 24 Hrs. | Months Deys Hours Min. 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) 1□M 20F Months 215 12 279: Usuel Residence of Decedent 75 Yrs. Director Md. 10a. State 10b. County 10d. Inside City Limits 7 is marked other than "nature", or items 23s or 28s-f shot traumetic event, the Medical Examiner must be notified at Balto 1 Yes 2 No Director Md 10e. Street end Number 10f. Zip Code 10g, Citizen of Whet Country? LINWOOD 1508 21213 4.5.A 12. Wes Decedent Ever In U,S Armed Forces? 1 ☐ Yes 2 ₹ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Rece - American Indien, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Introcrutarit if flem 27 is marked other than "natural", or free Any injury or other traumatin seems. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ Black Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry 3 alto Public Schon College (1-4or 5+) Elementary/Secondary (0-12) CustodIAN 84 predo 17. Father's Neme (First, Middle, Last) BROWN CLARENCE 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Lenwood ary Ballo. John Briller MA 21213 1508 n. 20b. Plece of Disposition (Name of cemetery, crematory or other place)

Bulle La . C. ... 20e. Method of Disposition 20c. Location - City or Town, Stete ₩ Buriel 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licansee 22. Neme and Address of Facility Fungral Hony 1304h. Contral at 3 dt Md 2000 4. Locks /Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiretory errest, or hear feilure. List only one ceuse on each line. Approximete Intervel Between Onset and Deeth **Physician** /Medical Immediate Ceuse (Final CARDIOMYOPATHY disease or condition resulting in death) 10 years Examiner Examiner HYPERTENSION 20 years Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting in deeth) Lest and ettending physician for use as the burie Records, P.O. Box 68760. Physician/Medical Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? rthis certificate hes been signed by nal director, page 2 should be detac 1 Yes 2 No 3 Probably 4 Unknown Be Completed by 24b. Were autopsy findings aveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 Yes 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospital: 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 27. Manner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Natural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Cartifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the cause(s) end menner es steted.

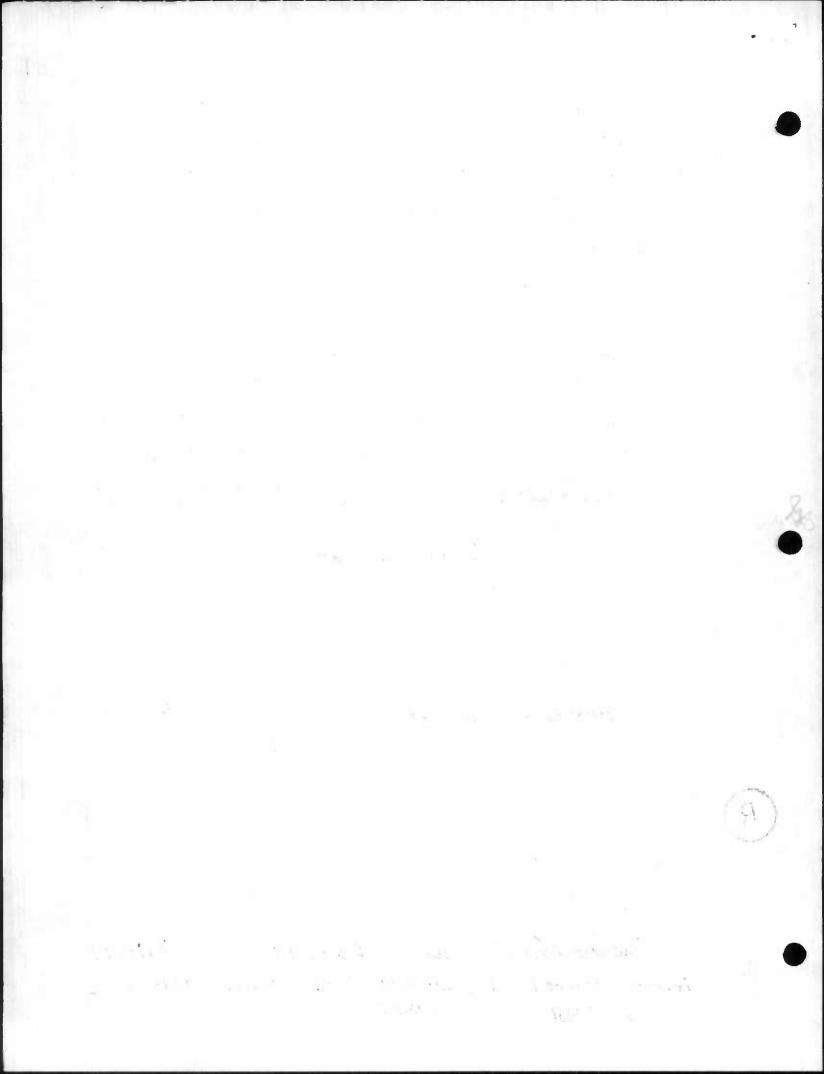
Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end place, end due to the cause(s) end menner stated. 29e. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) FEBRUARY 21 1997 RES - 000 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) TOWER 110, 600 N. WOLFE ST. BALTIMORE, MD RICHARD H. SOHN,



State of Maryland / Department of Health and Mental Hygiene

05281 Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Deeth 2. Dete of Deeth Day 199^{Yeer} Month **Physician** 17, Feb. William Stanley Bailey 10:35pm /Medical 4e. Fecility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 121 Ventnor Terrace Dundalk Baltimore 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthdey) 8. Date of Birth (Month, Dey, Year) Birthplece (Stete or Foreign Country) **Funeral** 1X M 2 □ F Months Deys Hours Yrs. 217-14-2078 Director Oct. 27, 76 1920 Pa. Usual Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show treumstic event, the Medical Examiner must be notified at Baltimore Md. Dundalk Director 1 ☐ Yes 2 X No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? with 6 121 Ventnor Terrace 21222 USA Items 23a Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? 1∑ Yes 2 □ No If Yes, Give Yeer or Detes: Was Decedent of HIspanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. filed withIn 72 hours after 1 Never Married 2 Married 21215-0020 ò White 1 ☐ Yes 2 No Spacify: Completed by 3 Widowed 4 Divorcad "natural". 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiens Important: If item 27 is marked other than any injury or other treumetic event. Elamentary/Secondary (0-12) Collaga (1-4or 5+) Brick Layer 12 yrs. Beth. Steel Baltimore, Maryland 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middla, Maiden Sumeme) Be William N. Bailey Roxy Colley 19a. Informent's Neme/Relationship (Type, Pnint) 19b. Meiling Address (Straat and Number or Rural Route Number, City or Town, Stete, Zip Code) Ron Bailey 7014 Drexelbrook Drive Pa. 19026 son 20e. Method of Disposition 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ☐ Burlei 2 ☐ Cremetion 3 ☐ Removel from State Metro Crematory 2 - 19Baltimore 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service L 22. Name end Address of Fecility Connelly Funeral Home Of Dundalk 7110 Sollers Point Roman 7110 Sollers Point Rd. 21222 Approximeta Intarval Between Onset and Death **Physician** /Medical Immediete Ceuse (Finel diseese or condition rasulting In deeth) **Examiner** Examiner The law requires that the death certificate be axecuted Sequentielly list conditions, if eny, leeding to immediate cause. Enter Undarlying Cause (Diseese or injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): Records, P.O. Box 68760, attending physician for use as the buria Physician/Medicai Due to (or es e consequence of): signed by the at Id be detached for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Prostate Cancer 1 Yee 2 No 3 Probably 4 Unknown Ď 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? ate has 1 Yes 2X No 1 □ Yes 2 □ No of Vita Be 25. Was cese referred to medical 26. Place of Deeth (Check only one) Othar: 4 Nursing Home 5 Nesidenca 6 Other (Specify) 2 1 Yes 2€XNo 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Death 28a. Dete of Injury (Month, Dey Yeer) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Certification: Division 1 Neturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident or Attend Director: lin by the 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide within 24 hours aft To the Funeral Di completely filled in Hospital 29e. Certifier Medical 🖄 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to tha causa(s) end menner es stated. 2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, deeth occurred at the time, dete and piece, and due to the ceuse(s) end menner steted. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Nama end eddress of person who completed causa of death (Item 23e) (Type, Print) AVE. Balto. Dundall. An Huony Ha
31. Date filed (Month, Dey, Year) Harrell 2112 32. Registrar's Signeture State FEB 24 199 Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Last) 2. Dete of Death Year **Physician** Month Frances H. Bare Feb. 23, 1997 /Medicai 8:00am 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 7223 Conley St. Eastwood Baltimore If Under 24 Hrs. Hours Min. 7. Age (In yrs. last birthday) If Under 1 Yeer 5. Sociel Security Number 6. Sex 8. Date of Birth (Month, Day, Year) Funeral Birthplace (State or Foreign Country) Days 1□M 2X F Yrs. 90 Director 224-07-8157 Feb. 18,1907 Virginia 10a. State must be nothing at 10b. County 10c. City, Town or Location 10d. Inside City Limits Director Md. Baltimore Eastwood 1 ☐ Yes 2X No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 7223 Conley St. 21222 USA Itams 23a death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 █ No Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 X No Specify: þ 3 N Widowed 4 □ Divorcad Specify White Completed 15. Decadent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Peges 1 and 2 should be filed within nent of Health and Mentel Hygiene. int: If Item 27 is marked other than Irry or other traumatic event, the Me Elementery/Secondary (0-12) College (1-4or 5+) Eastern Rink/Bingo 8 yrs.

17. Father's Name (First, Middle, Last) Manager 18. Mother's Name (First, Middle, Maiden Sumame) Arthur H. Hayes Ida S. Liptrap 19a. informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Betty Piccione daughter 7223 Conley St. Eastwood Md. 21224 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 XBurlai 2 ☐ Cremetion 3 ☐ Removal from State permit. Pege Department of Important: If eny Injury or once. Oak Lawn Cem. 2 - 25Baltimore 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Lice 22. Name end Address of Facility Connelly Funeral Home Of Dundalk 23a. Part1. Enter the disease, or complications that calced the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Death **Physician** /Medicai Immediate Cause (Final Myocardial interction disease or condition resulting in death) Examiner Examiner sician and buriel-transit ing Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last P.O. Box 68760, Nolume. Physician/Medicai Due to (or es e co Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown Systemic Lupus Erythematosus signed I Records. þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? Colonic dysmotility tibrillation Atrial certificate 1 Yes 2 No 1 Yes 2 No Division of Vital 25. Was case referred to medical examiner?
1 ☐ Yes 2☒ No 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ₺ Residence 8 ☐ Other (Specify) Certification: To 28a. Date of Injury (Month, Day Year) 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Naturel 5 Pending investigation 1 Tes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the cause(s) and manner as stated.

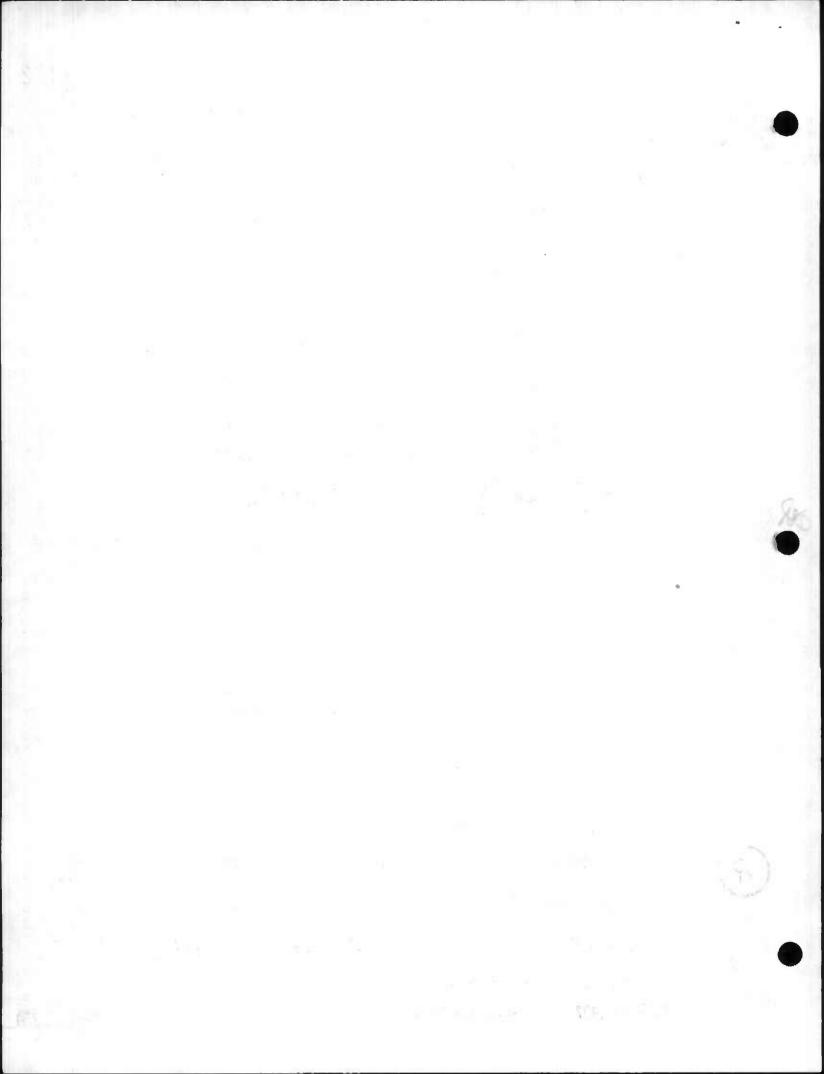
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(s) and menner stated. Medicai 29e. Certifler within 24 To the Fu 24 F 29b. Signeture end title of certifier 29d. Date signed (Month, Dey, Yeer) 29c. License number D43732 CVA -February 24, 1997

State Registrar

31. Date filed (Month, Day, Year) FEB 2 4 1997

Michael Heirper, 5505 Hopkins Bayview Circle Baltimore, ms 21224 32. Registrar's Signature

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

05283

		Donoslondo Mosso														
sician edical	L	HOW			WALT			BRAECKLEIN				FEB. 20, 1997			5:36	
niner	4	e. Facility Name (fi					NTER				rows	ocation of Dea SON	BALTIMORE			
al F	2	. Social Sacurity N 212-03-81 Usuel Rasidence of	.55	6. Se:	X M 2□ F	7. Age (In y 83	rs. lest birthde } Yrs	Mon	nder 1 Yaa ths Dey		Min.	8. Date of B	irth 24,191	9. B 1.4 Ma	irthplece (State or County)	
r items 23a or 28a-1 show rice must be notified at Funeral Director		Oe. Stete Maryland	10b. County Balti		e	10c.	City, Town or TOWSOI								10d, Inside City	
		0e. Street end Nur	mber					10f	. Zip Code				10g. Citizen	. Citizen of What Country?		
		800 Sout	herly	Rd.	Apt.	1404		2	21286				U.S	Α.		
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		/Cnoo	15. Deceder	nt's Edu	cation		16e. De	ecedent's	Usuai Occi	petion	at at ward	de a	16b. Kind	of Busines	s/Industry	
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		7. Father's Name (Ferdinar	nd				Braecl			Anna	a	a (First, Middl			Kleb	
	1	Mrs. Nanc	cy Brae			Vife	800	Sout	therl			on, Mar				
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Item 1 PerPHy Film G754 12-17-97 rja Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

05284 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** Month Year **BOZMAN** JANE BAILEY /Medical FEBRUARY 20,1997 5:50PM 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** GREATER BALTIMORE MEDICAL CENTER TOWSON if Under 24 Hrs. BALTIMORE 5. Social Security Number if Undar 1 Yaar Birthplaca (Stata or Foreign Country) 6 Sax 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** 1 M 2 K F Days Hours 215-16-2966 75 Director November 16.1921 Maryland Usual Residence of Decedent the Maryland 10a. State 10b County 10c. City, Town or Location 10d. Inside City Limits 28a-f ehow items 23a or 28a-f et ner must be notified 1 Yas 2 No Directo Maryland Baltimore Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? permit. Peges 1 and 2 should be filed within 72 hours after death v. Department of Heelth and Menial Hygiene. Important: If item 27 is marked other than "natural", or items 23a and Injury or other traumatic event, the Modical Examinations. 202 Stanmore Rd. Funerai 21212 United States 12. Was Decedent Evar in U,S. Armed Forcas? 1 ☐ Yes 2 ሺ No If Yes, Give Yaar or Dates: 14. Raca - American Indian, Black, White, etc. 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puarto Rican, etc.) 1 ☐ Never Married 2 X Married 21215-0020 by 1 ☐ Yes 2 No 3 ☐ Widowad 4 ☐ Divorced Specify: White Completed 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highast grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Ira Wilson Bozman Mae Elizabeth Burton 19a. Informant's Name/Relationship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) John Hamilton Bailey/husband 202 Stanmore Rd. Baltimore, MD 21212 20b. Place of Disposition (Name of comatery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 M Buriai 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) Dulaney Valley Mem Gardens 2/24 Timonium, Maryland 21. Signature of Funarai Service Licensae 22. Name and Addrass of Facility Mitchell-Wiedefeld Home, Inc. 6500 York Rd. 21212 Baltimore, MD Pour . Enter the disaase, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, such, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician /Medical immediate Cause (Final 10 months disease or condition resulting in death) Examiner The law requires that the deeth certificete be axecuted and the burial-trar Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760. Physician/Medicai Dua to (or as a consequence of) Part il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 00 No been signed by should be datac 3 Probably 4 Unknown 1 Yes à 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? certificata has 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: Be 25. Was case referred to medical 28. Place of Death (Check only ona) 2 1 Yes 250 Other: 4 Nursing Homa 5 Residence 6 Other (Specify) n Lopatient 2 ER/Outpatient 3 DOA After this 27. Manner of Death 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Certification: Natural Accident 5 Pending investigation death. 1 ☐ Yes 2 ☐ No after death in by tha 6 ☐ Could not be determined 3 Suicida 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 D Homicide To the Hospital within 24 hours a To the Funeral C 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai 29d. Date signed (Month, Day, Yaar) who completed cause of death (Item 23a) (Type, Print)

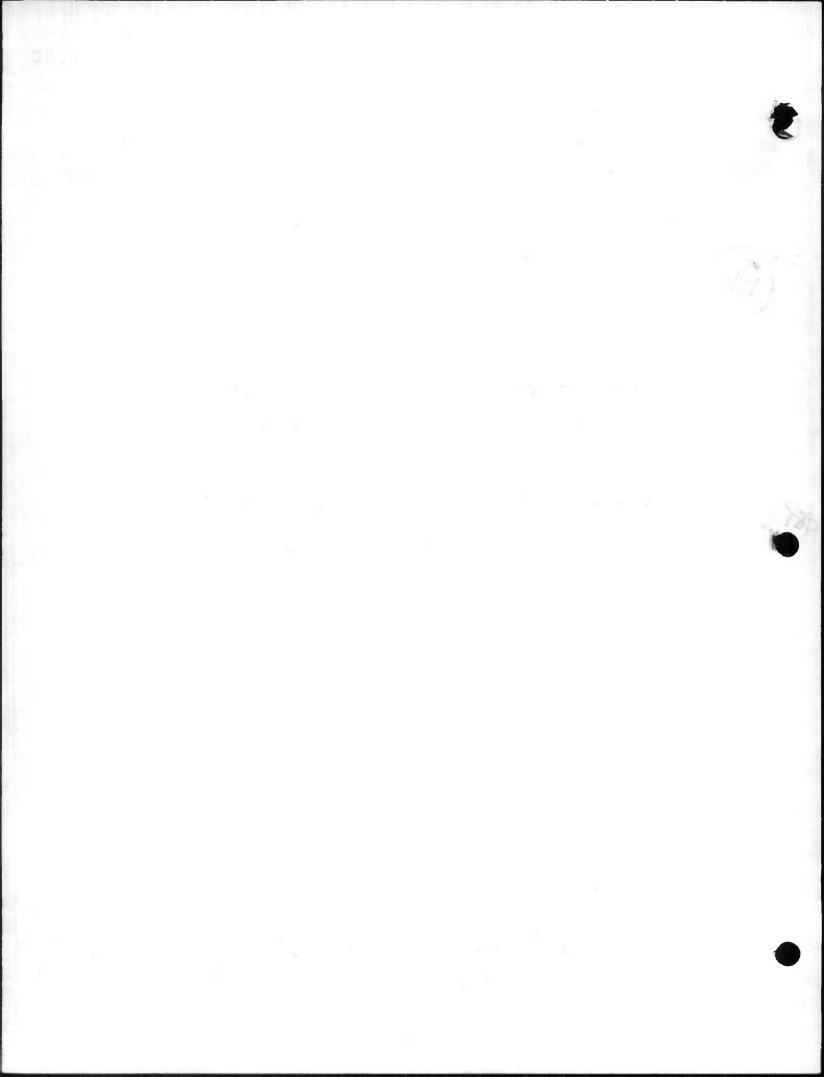
MD 6569 N. Charles St. BALTIME, MO 2120 Y

Guid September 1997 (1998) State

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 05285

					Certificate of	Death		Reg. No.	,	0200
Dhualala	_	1. Decedant's Name (First, Middle, Last)					2. Data of Da Month	ath Day	Year	3. Time of Deeth
Physicia /Medica	_	Ross Lincoln	Bı	ryson				21, 1997	1001	7:30am
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4		7409 Vi.	Llage Ro	oad Apt.			ykesvill	Le Ca	rroll	
Funeral Director		5. Social Security Number 6. Sax 313-07-6398 Usual Rasidance of Decedent	7. A	ge (In yrs. last birl	hday) If Undar 1 Year Months Days	if Under 24 Hrs. Hours Min.	8. Data of Bir (Month, Da Feb. 12	th y, Year) 2, 1909	9. Birthpiece (Stata or Foreig Country) 111inois	
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the s	0	Elmer Dick Bi	cyson			Fanı	nie Mua	ade Yat	es	
B and		19a. Informant's Name/Ralationship (Type	, Print)	19b.	Mailing Address (Street	end Number or Ru	ral Routa Numb	er, City or Town,	Stete, Zip Ca	ode)
27 er tr		Mrs. Sandra VanCley	re (Daug		38 Tanglewo		, Sykest	ville, M	D 2178	34
the diameter		20a. Method of Disposition		20b. Place of camatar	Disposition (Nama of y, crametory or other pla	ce)	Data	20c. Location -	City or Town	n, Stata
In the last		1 ☐ Burlal 2 ☐ Cramation 3 ☐ Ren 4 ☐ Donation 5 ☐ Othar (Specify)	noval from State	1	1 Cremation		2/22/97	Hampst	ead. N	4D
100	- 1	21. Signature of Funarai Service Licensaa	1 11		22. Nama and Addra HAIGHT FUN					
a y a	П	Marian of D	and the							
	-	23a Part 1 Enter the disease or complice	tions that cause	od the death. Do n	Sykesville	MD 2178	84 (410)	-795-14		oncovimate
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hould	Completed						24a. Was perfo	an autopsy rmed?	availe	a autopsy findings abla prior to oletion of ceusa
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page	5						10	Yes 2 No	101	Yas 2 No
E o	Be	25. Was cese referred to medicei examinar?				26. Place of Dea	th (Check only o	one)		
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by th	Certification:	3 Suicide 6 Could not be determined	28a. Place of In	jury - At homa, fai tc. (Specify)	m, straat, factory, office		28f. Location (S City or Tox	Straet end Numb	er or Rural F	łouta Number,
P P	ė		building, a	ic. (Opecity)			Only of 100	m, otato)		
ly fills		29a. Certifler (Check only 2 Medical Examine)	an: To the best	of my knowledge,	death occurred at the tir	me, date and place,	and dua to tha	causa(s) and ma	nner as state	ed.
To the Funeral Director: After thi completely filled in by the funeral	edical	one)	and manner st	axamination and	Vor Investigation, In my o	pinion, daath occui	rred at the time,	date and place, a	ing dua to th	ia ceusa(s)
Tot	Σ	29b. Signatura and titla of ception			29c. Licans	sa number		29d. Date signed		y, Yeer)
		/////	MI)	1)3	3184		Lhran	241	1997
6	-	30. Name and address of person who com-	plated sause bf	death (Itam 23a) (Type, Print)	/				
1		30. Name and address of person who com	W. Sh	nb	114 Bus ~4	55 (km	the Moi	e Veix	Histor	a mo
		J.	4 /- //	· · ·	1 12 114			· P-()	> (,	1

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 97 Certificate of Death 2. Date of Death February 19 1997 4b. City, Town, or Location of Death 4c. County of Death

Physician /Medical Examiner

Funeral Director

the Maryland r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at death with filed within 72 hours after

727 is marked other than "ny traumatic evens permit. Pages 1 and 2 should be 1 Department of Health and Mental I Important: If Item 27 is marked of any Injury or other traumatic eve

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

The iaw requires that the death certificate be executed Attanding Physician: director, this After t death. ector:

P.O. Box 68760,

Records.

Division of Vital

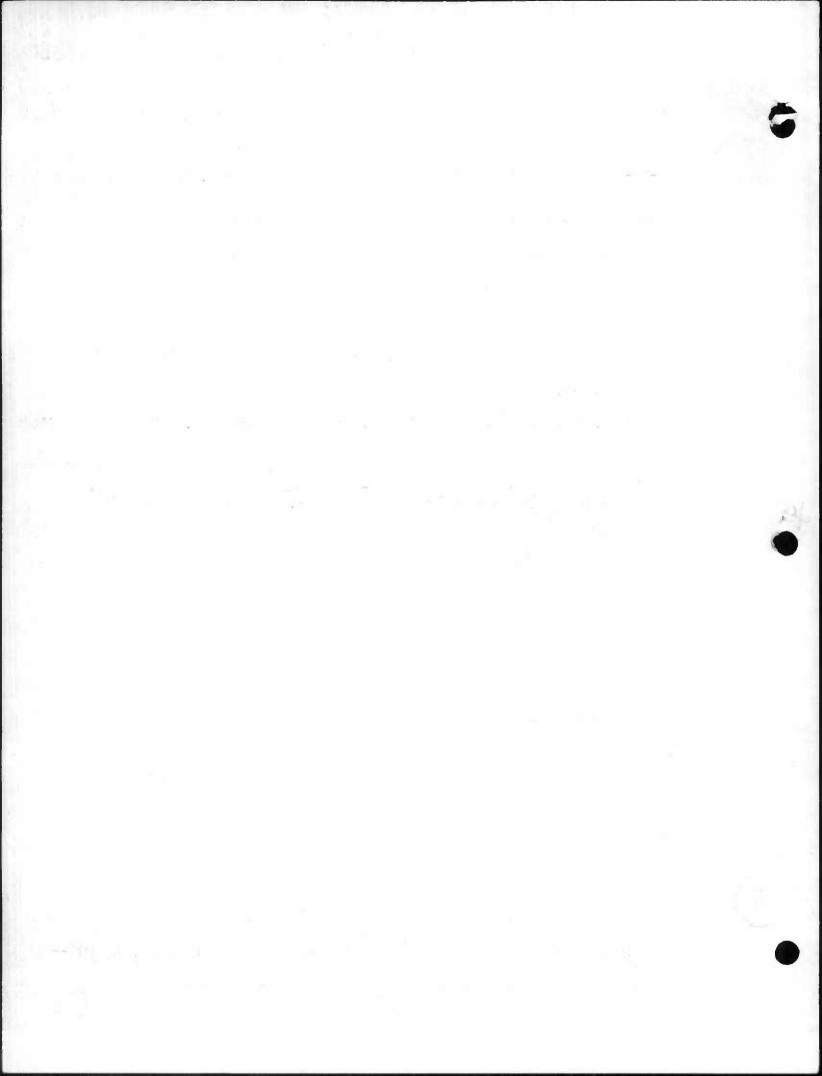
Examiner Physician/Medical þ Completed Be Medical Certification: To by the funeral

1. Decedent's Name (First, Middle, Last) 3. Time of Deeth Helen Cullum 19:30 pm 4a. Facility Nama (If not institution, give street end number) Johns Hopkins Bayview Medical Centra Valinmo Baltimore N/A 5. Social Sacurity Number Date of Birth (Month, Dey, Year) Birthpleca (Stata or Foreign Country) 1□ M 27 F Months Days Hours 88 218-14-4740 Sept. 6,1908 Maryland Usual Residence of Decedent 10a State 10h County 10c. City. Town or Location 10d. Inside City Limits Maryland Baltimore 1 ☐ Yas 2 N No Director Dundalk 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3342 Wallford Drive 21222 Funeral United States 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2☐ No If Yes, Give 11. Marital Status Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puerto Rican, atc.) 14. Race - Amarican Indian Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 XNo Specify: by 3(D(Widowed 4 □ Divorced White. Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Years Riveter Manufacturing 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be James Stevenson Bessie Jacobs 19a. Informant's Name/Relationship (Type, Print) Grand 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Coda) 7833 E. Collingham Drive Apt. E Dundalk, MD Beverly E. Turner/Daughter 21222 20b. Piace of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, State 1 Buriai 2 □ Cremation 3 □ Ramovai from State 4 ☐ Donation 5 ☐ Other (Spacify) Oak Lawn Cemetery 2/22/1997 Baltimore. Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Facility
Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 23a. Part1. Enter the disassa, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or haart failure. List only one cause on each line. Approximete tnterval Between Onset and Death Immediate Cause (Final a Cenebrovascular Accident One day disaase or condition resulting in death) Due to (or es a consequence of): Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initieted events resulting in death) Last Due to (or as a consequence of): Due to (or as e consequence of): Part il. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 Onknown Atrial Abrillation 24b. Were autopsy findings avelleble prior to completion of cause of deeth? 24e. Was an autopsy performed? Chronic obstructive lung disease 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Other: 4 ☐ Nursing Homa 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No Inpatient 2 □ ER/Outpetient 3 □ DOA 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred 5 Pending investigation Neturai 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 | Homicide 29a. Certifier Decrifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) end manner as stated.

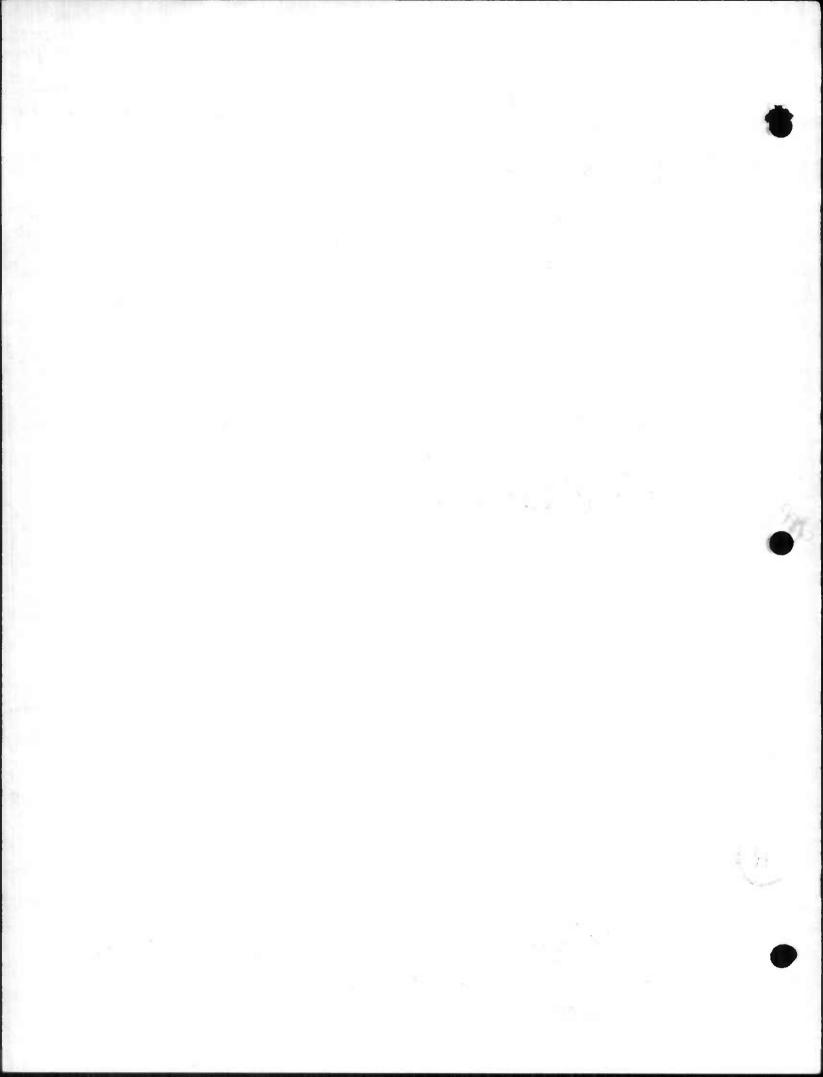
2 Medical Examinar: On the basis of examination end/or investigetion, in my opinion, deeth occurred at the time, dete and place, end due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 96125 February 19, 1997 30. Name and address of person who completed cause of death (item 23a) (Type, Print) Johns Hopkins Bayrow Medical Conter

32. Degistrar's Signature
Sulia Davidson-Randall

State Registrar



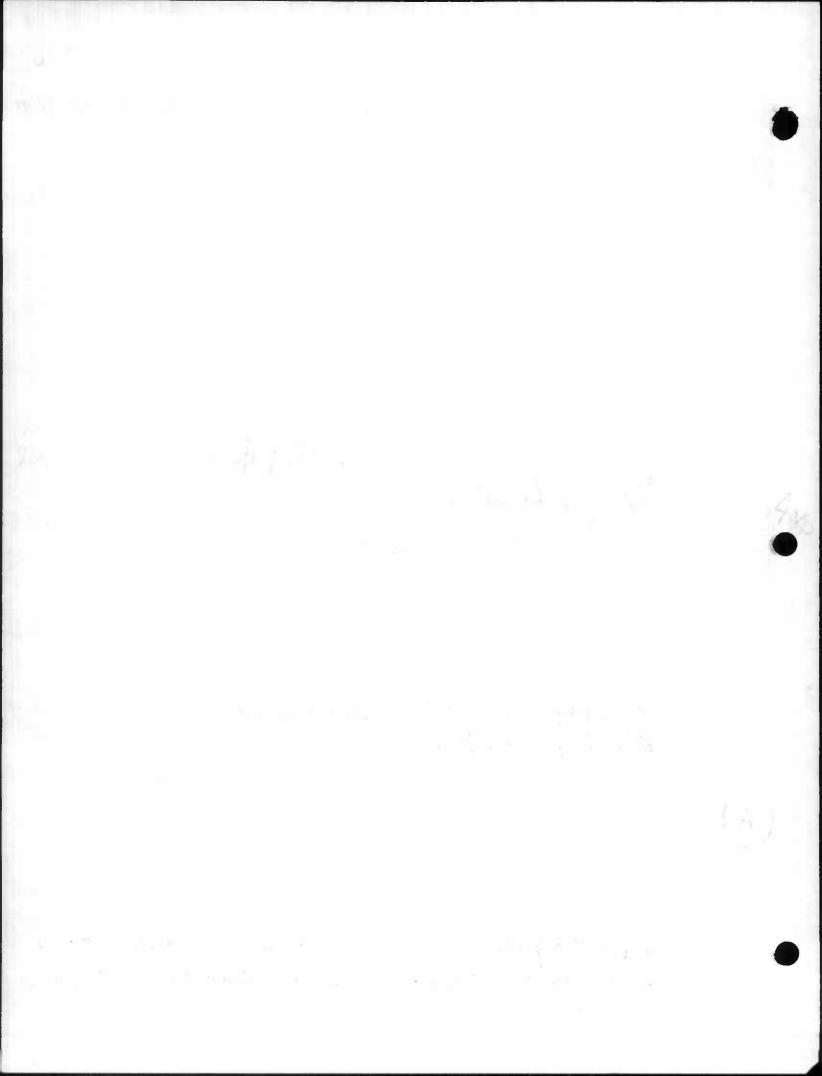
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Physician /Medical	L	a. Facility Name (If not institution, giv	Eddie	1	Belle	Col	//// S 4b. City, Town, o	Februa	my 14,	Year 997	9:00 Pm	
Examiner Funeral Director	47	4 (10 Manna 5. Social Security Number 6. S 259-80-1459	sota Ane	nue	last birthday)	If Under 1 Vionths I	Baltin	s. 8. Date of B	NA	1	ca (State or Foreign	
-f ehow led at	1	Jsual Residence of Decedent Oa. State 10b. County //	4	-	ty, Town or Local					100	d. Insida City Limits	
23a or 28a-f e ust be notified al Director	7	Oe. Street and Number 4610 Manna	suta			10f. Zip C	21206	10g. Citizen of What Country?				
tamber m	١	Marital Status Never Married 2 Married Midowed 4 Divorced	12. Wss Decedent Armed Forces? 1 ☐ Yes 2 X If Yes, Give Year or Dates:		It Y	S Deceder as, specify Yes 2	t of Hispanic Origin? (Cuban, Mexican, Pue Tho <i>Specify</i> :	Specify Yas or N into Rican, etc.)	14. Rac Bla Specif	ce - America ck, White, et	c.	
event, the Medical Be Completed		15. Decedent's Ec (Specify only highest gra Elamentary/Secondary (0-12)	Occupation done during most of w retired)	orking	16b. Kind of B	Business/Industry						
	L	7. Father's Nama (First, Middla, Last) Frank Cones	_/VA		E	esti	18. Mother's No.	Kat	a, Maiden Sumar	na)		
T T		19a. Informant's Name/Relationship (H	Ramoval from State		19b. Mailing 3432 Placa of Disposit permetary, crema	ion (Nama tory or other	er place)	· ·	e Ba 20c. Location	1 to, M	d 21244	
any injury or othe		21. Signature of Euneral Service Cour	000		I M	urch	Address of Facility F. H. Was 300 Was	tbash 1	Juenue	Bal	21215 to, Mil	
sician edical miner		23a. Anti. Enter the disease, or com- hock, or heart failure. List only mmediate Causa (Final diseasa or condition esulting in death)	a. S TV	LOK			or dying, such as cardi	ac or raspiratory	arrast,		Approximate ntarval Batween Onsat and Death	
as the burlatransit	-1-3	Sequentially list conditions, fany, leading to immadiata cause. Enter Underlying Cause (Disease or Injury hat Initiated events eaulting in death) Last	6. Hyr		or as a conseque		J					
etached for use as Physician/Me	Psrt II. Other significant conditions contributing to death but not resulting in the underlying causa givan in Part I. DIMSETES								1 tobacco use co		he cause of death	
2 should be d	-	DIAPETO)						24a. Wa	s an autopsy formed?	com	e autopsy tindings lable prior to pletion of cause asth?	
Be	2	5. Was casa referred to medical examiner?	11. 2361				1 1000	t C	Yes 2 LNo	10	Yes 20 No	
T di	2	1 Yas 2 No 7. Manper of Death 1 Natural 5 Pending 2 Accident Investigation	28a. Date of Inju (Month, Da		ER/Outpatient 28b. Time of Injury	3 DOA 28c	Other: 4 Nursing Injury at Work? 1 Yas 2 No		aldence 8 Oth how Injury occur			
Function by the funerablets) filled in by the funerable dical Certification:	-	3 Suicide 4 Homicide 6 Could not be determined	building, etc	c. (Specif	(y)		ffice	City or To	(Street and Numi			
completely filled	2	(Check only 2 Medical Examone) 9b. Signatura and title of certifier	iner: On the basis of and mannar sta	examina	tion and/or invas	tigation, In	my opinion, death occi	curred at the time	, date and placa,	and dua to t	ha causa(s) ay, Year)	
7	3	0. Nama and address of person who of	ompleted cause of d	eath (Iten	n 23a) (Type, Pri	int))4467C			8 97		
State Registrar	3	STEPHEN D. S. S. S. 1. Data filed (Month, Day, Year) FEB 24 1997			N. Com		VE ST POW	ntimon	E, MI) Z	1267		



State of Maryland / Department of Health and Mental Hygiene 97 05288

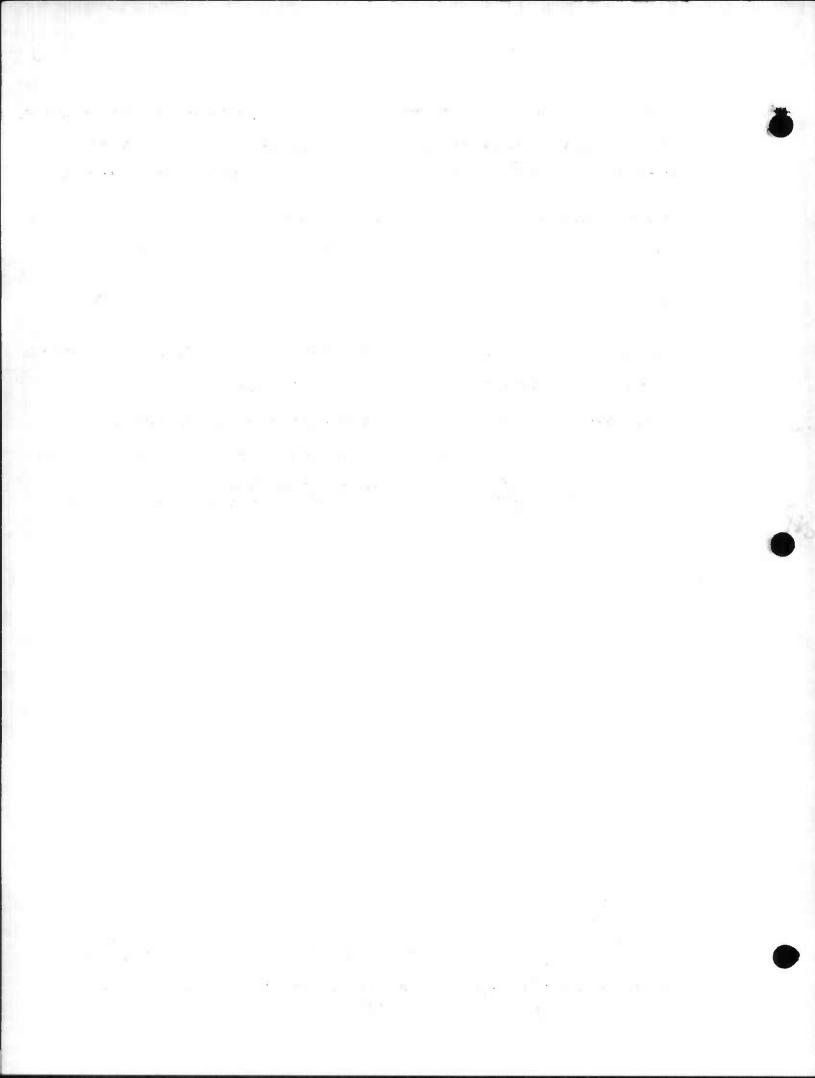
					Certificate	of Death		Reg. No.	1	03200
Physic	an.	1. Decedent's Name (First, Middle, Las	()	d			2. Date of De Month		Year	3. Time of Death
/Medi		mar	y 0.	Cu	(tis		02	20	97	1:03 PM
Examir	ner	4a. Facility Name (If not institution, give				4b. City, Town, or	Location of Deat			
			HUS pital	Character to the Late	day) If Under 1	Year If Under 24 Hrs	nore	NA	_	
Funeral Director		5. Social Security Number 6. Security Number 11 213-26-1542 Usual Residence of Decedent	M 2□(F	86 Yi	Months	Days Hours Min			9. Birthp	place (State or Foreign ntry) MU
filed within 72 hours efter death with the Maryland Hygiena. ther than "natural", or items 23a or 23a-f show ther, the Meoicel Examinet must be notified at		10a. State 10b. County		10c. City, Town	or Location				1	10d. Inside City Limits
Man He 1	to	MA NA	}	Balti	more					1 Nes 2 No
7.28	rec	10e. Street and Number			10f. Zip C	ode		10g. Citizen of	What Coul	ntry?
238	D T	2742 W. MU	sher s	treet		21216		4	. S.A	2
E BER	ner	11. Marital Status	12. Was Decedent E Armed Forces?	ver in U,S.	13. Was Deceda	nt of Hispanic Origin? (S Cuban, Mexican, Puer	Specify Yes or No	o- 14. Ra	ca - Americack, Whita,	can Indian,
"natural", or flems 23a or 28a-f show	by Funeral Director	1 Never Married 2 Marriad	1 Tas 2 N	0	1 ☐ Yes 2		to ritoan, otc.)			atc.
F 4	5	3 ☐ Widowed 4 ☐ Divorced	Yaar or Datas:		100 20	ето ороспу.		Specia	1.13/a	con
f Health and Mental Hygiena. Item 27 is marked other than "natur other traumatic event, it a Medical	Completed	15. Decedent's Ed (Specify only highest grad	ucation de completed)	16a. D	ecedent's Usual Give kind of work	Occupation done during most of wo	rking	16b. Kind of E	Jusiness/In	dustry
han.	mp	Elementery/Secondery (0-12)	College (1-4or 5-	/	ife. DO NOT use	retired)		House	0	
Hygiena. ther than		17. Father's Name (First, Middle, Last)	nkhown		Domest		m o /Final Adiabath	Maldan Com		
and Mental Hygiena. Is marked other than sumatic event, tre.	Be	17. Patier's Name (Prist, Middle, Last)	21			1/	me (First, Middle	, мөксөп Зите	ne)	
and Mental is marked o numatic eve	70	John Denjamin	Darber			Mana	/	e		
ls n		19a Informant's Neme/Relationship (7	1. 11 .	4		Street and Number or A	- 1	1		1
Health em 27 other tr		20a. Method of Disposition	ts-Hush		192 (Disposition (Name	U. Moshen	- Stree	28c. Location	/ NO M	-
0		1 Bunal 2 □ Cremation 3 □		cemetery,	crematory or oth	er place)	Daid	()	11 1	State
Departmentimportant: any Injury		4 Donetion 5 ☐ Other (Specify		KING	NIEMO	ia lark	2/23/91	Kand	Calls	stown Ind
Department Important: I any Injury o		21. Signature of Funeral Service Licans	I al	.)	22. Name and	Address of Facility	+			21215
0 5 6 0		Alymin	D. 340	Curso	- will	300 Was	bash A	Irenue.	Baly	to red
		23a. Pert Enter the drivers, or composition, or heart failure. List only of	lications that caused	the death. Do no	t enter the mode	of dylng, such as cardia	c or respiratory a			Approximate Interval Between
ysician				1.10	1,					Onset and Death
Medical		Immediate Cause (Final disease or condition		STYO	Ke					
aminer		resulting in daath)	a	Due to (or as e co	nsequence of):					
=	Iner	_								
trans	Examiner	Sequentially list conditions,	Г.	Due to (or as a co	nsequence of):					
uriel		Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury							1	
hysic the b	Medical	that initiated events resulting in death) Last	C	ue to (or as a co	nsequenca of):					
attending physicien and for use as the bunel-transit	Mec									
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he af	Physician	Part II. Other significent conditions co					23b. Did	tobecco use co	ontribute t	o the causa of deeth?
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p ed	by	2/	brill at	/	C/ (Jop.	7			
te has been signed by the attending physicien and bega 2 should be datached for use as the buriel-transit	ted	AWAL A	byllat	DIN			24a. Was	an autopsy ormed?	av	ere autopsy findings vailable prior to
S C/	Completed								of	ompletion of causa death?
ate he	ОПО						1 🗆	Yes 2 No	11	Yes 2 No
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D. A	To	examiner? 1 Ves 2 No	Hospital: 1 Inpatien	t 2 ER/Outp	atient 3 DOA	Other: 4 Nursing	Home 5 □ Res	idence 6 □Ot	her (Speci	fy)
1		27. Menner of Deeth 1	28a. Date of Injury (Month, Day		ne of 280	. Injury at Work?	28d. Describe	how injury occu	rred	
0 1 5	atic	2 Accident investigation		,	M	1 Yes 2 No				
aftar des Director I in by th	Certification:	3 ☐ Sulcide 6 ☐ Could not be determined	28e. Place of Injurbuilding, etc.	ry - At home, fam	n, street, factory,	office	28f. Location	(Street and Num	ber or Run	al Routa Number,
ed in	Cer		Januaria, otto	(0,000))						
within 24 hours aftar dea To the Funeral Director completely filled in by the	edicai	29a. Certifier (Check only 2 Medical Exam	sicien: To the best of	my knowledge, o	death occurred et	the time, date and place my opinion, death occ	e, and due to the	ceuse(s) and m	anner as s	steted.
the F	B	one)	and manner stat	ed.	or arvestigation, if	inty opinion, death occ	urred et trie time,	, date and placa	, and dua t	o mo causo(s)
Tot	Σ	29b. Signatura and titla of certifiar	WA ()			Icansa number		29d. Date sign	ed (Month,	Day, Year)
		OKerne	y ruy			D27860)	Februa	ry 21	26/4/
B1		30. Name and eddress of person who c	ompleted cause of de	ath (Item 23e) (T	ype, Print)		4 . 4			
XI		CHRISTOPHER	DIKE	AKNE	4 70	O WASH.	BIVD	3/12/	M) 21230
Sta	ite	31. Dete filed (Month, Day Year)	Great District	Spig-Asses	160					
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State of Maryland / Department of Health and Mental Hygiene 97 05289

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Physician /Medical	_	Emma A1	rbul	COON	EY			Febr	7	19. 1	Yaar I Q Q 7	6:40 P
Examiner		le. Facility Nama (If not institution, g		00011			4b. City, Town	or Location of D		lc. County		U.40 P
	ı	Franklin Square	e Hospital (Center			Roseda1	0		Ralt	imor	P
Funeral			. Sex 7. Aga	(In yrs. lest	birthday) If U	nder 1 Yea	r If Under 24		f Birth			
Director		215-42-6205 Usual Rasidance of Decedent	10 M 20 F 9	93	Yrs. Mon	ths Deys	B Houra	Min. Oct.	f Birth Day Yea 22,	1903	Mai	ece (State or F Yland
8 m		10a. Stete 10b. County		10c. City, To	own or Location	-					10	Od. Inside City L
4 B P	5	Maryland Baltin	nore		Balt	imore	County					1 Yas 2
r 28s	-	10e. Street end Number		-		Zip Coda			10g. (Oltizen of V	Vhat Count	
23a o mento rai D		627 Dunwich Way				2	1221			USA		
Computers or need and wenter hygens in metures, or items 23a or 28a-f show important; if then 77 is marked other than "retures", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once. To Be Completed by Funeral Director		11. Maritel Status 1 □ Nevar Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Wea Dacedant E Armed Forces? 1				Hispanic Origin ban, Maxican, P Specify:	? (Specify Yas o uerto Rican, etc.	r No-)		e - America k, White, e	
ner than "nature it, the Medical Completed		15. Decedant'a (Specify only highest of	Education grada complated)	16	6a. Decedant's l (Giva kind of life. DO NO	Jauai Occu	ipation	working	16b.	Kind of Bu	ısinass/Ind	lustry
nple		Elementary/Secondary (0-12)	Cotlege (1-4or 5+	→)				WOIKING				
So the So		ll years	N/A		Kitcher	1 Wor	ker		Ba.	lto.	Count	y Schoo
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To To		Unknown	Canoles				Emma	Brooks				
27 le ma		19a. Informant's Name/Ralationship James Adams	(Type, Print)	1	9b. Mailing Add 627 Dur	ass <i>(Stree</i> nwich	Way Ba	<i>r Aural Aou</i> te <i>Ni</i> ltimore,	umber, City Mary	or Town, yland	Stata, Zip	
Item other	2	20a. Method of Disposition		20b. Place	of Disposition (Name of	acel	Data	20c.	Location -	City or Tox	wn, Stata
ury or	ı	1 ☐ Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Othar (Spec	Ramoval from Stata		dens of			2-24-97	Ba:	ltimo	re, m	naryland
importu any inje	- 3	21. Signature of Funeral Service Lic	anata)		22. Nema	end Addi	ess of Facility Funeral	Home				
S E E 8		7,100-A(Vage					Baltimo	re M	Ivrel	and	21236
		236 Part I. Entar the disease, or co	mplications that caused t	tha death. D						IUL y L		Approximate Interval Between
/sician	1	shock, or heart fallura. List on	ry ona causa on aach iina	1.							i	Onset and Dea
ledical		immediate Causa (Finat									i	0 77
aminer	Г	diseasa or condition rasulting in death)	a. Aspirat:			-0						2 Hours
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** Month Day COSTOW FRANK HARRY FEBRUARY 17,1997 6:45 a /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY None If Under 1 Yaar If Under 24 Hrs. Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** Months Days ₹CXM 2□ F Yrs. Director 185-69-7697 83 June 12, 1913 Pennsylvania Usual Residence of Decedent the Marylend 10a State 10b. County 10c. City, Town or Location ns 23a or 28a-f show 10d. Inside City Limits Maryland Montgomery Silver Spring 1 Ves 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Apartment 3742 Leisure World Blvd., Mutual 6A 20906 U.S.A. death Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, Whita, atc. filed within 72 hours efter 1 Never Married 2 Married 1 ☐ Yes 2 No If Yas, Give Year or Dates: Baltimore, Maryland 21215-0020 ŏ Completed by 1 Yes 200No 3 ☐Widowed 4 ☐ Divorced Specify. "natural". White 7 is marked other than "natur traumatic event, the Medical 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry I Hygiene. Etementery/Secondary (0-12) Coltege (1-4or 5+) 2 Years Retail Garment Sales 17. Father's Name (First, Middle, Last) . Peges 1 and 2 should be filt ment of Health and Mentel Hisant: If Item 27 is marked oth 18. Mother's Neme (First, Middle, Maiden Sumeme) Be William Costow Rebecca (Unknown) 19a. Informent's Name/Relationship (Type, Print) 39b, Mailing Address (Street and Number of Rural Route Number, City or Town, Stefe, Zip Code)
3742 Leisure World Blvd, Apt. Mutual 6A nt of Health e If item 27 is or other tra David B. Costow, Son Silver Spring, Maryland 20906

20b. Place of Disposition (Name of cametery, crematory or other place) 2/20/97 20a. Mathod of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cramation 3 ☐ Removal from State Department of Important: If any injury or once. Mount Lebanon Cemetery 4 ☐ Donation 5 ☐ Other (Specify) Adelphi, Maryland 21. Signatura of Funeral Service Licenses 22 Name and Address of Facility STEIN HEBREW MEMORIAL FUNERAL HOME, INC. 232 CARROLL STREET, N.W., WASHINGTON, D.C. 20012 23a. Part1. Enter the disease, or complications that caused and death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final CENEBRAL VASCUAR disease or condition resulting in deeth) 11 DAYS Examiner INTERNAL CAROLLD ARRECH SUEN 02 17 10 manits The law requires that the death certificate be executed the buriel-tran Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, 10 DAYS INTRACRANIAL HEMURRHAGE Physician/Medicai Due to (or as a consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceusa given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown ITY RECTENSION Aq 24b. Were autopsy findings available prior to completion of causa of deeth? Completed 24e. Was an autopsy performed? 2 2 40 certificate 1 Yes 1 ☐ Yes ZE No Attending Physician: funeral director, 25. Was case referred to medicat examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this Certification: 27. Manner of Death 28e. Date of Injury (Month, Dev Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? After 5 Pending investigation 1 Naturel ours after death. seral Director: Af filled in by the fu 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 ☐ Could not be determined 28e. Place of tnjury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 6 24 hours a tactifying Physician: To the best of my knowledge, death occurred et the time, dete and place, and due to the cause(s) and manner as stated.

2 Medicat Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier To the Vithin 2 29b. Signature and title of certifier 29c. Licanse number 29d. Date signed (Month, Day, Year) ANDTARI RES-000 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) BAGIMORE, MARY LAND 400 NORTH WOLFE STREET

DHMH 16 Ray 6/95

State

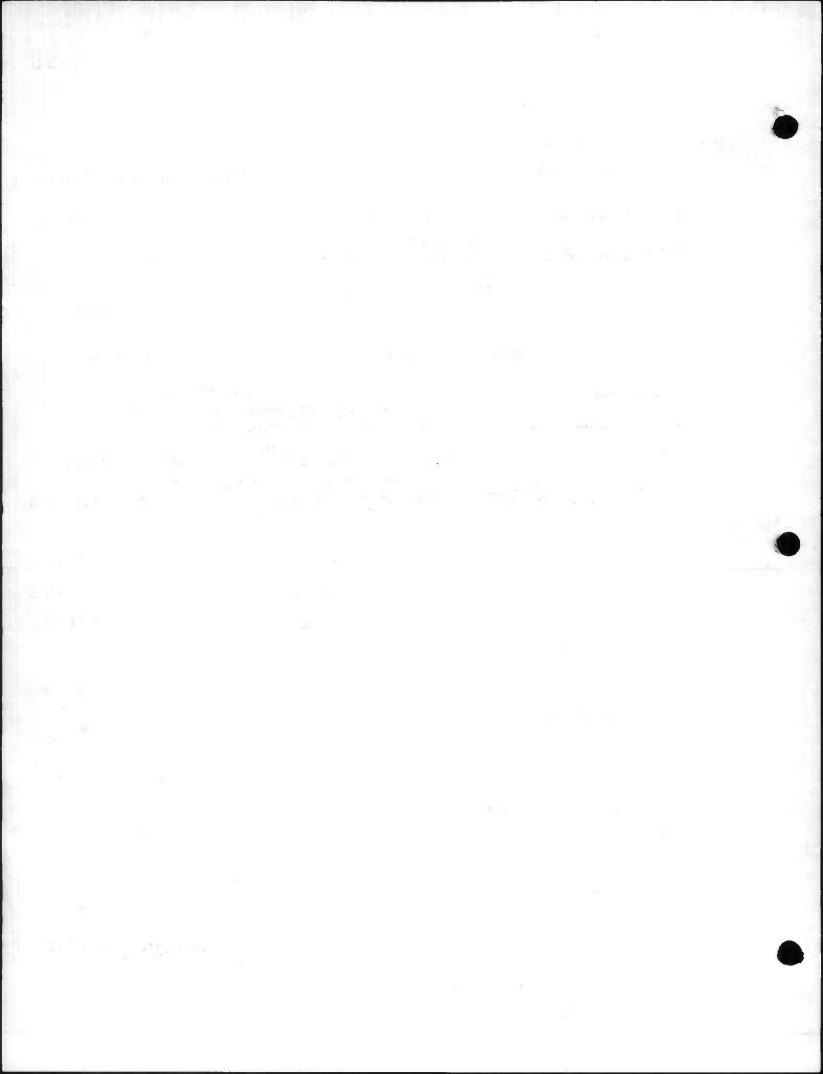
Registrar

31. Date filad (Month, Day, Yaar)

FEB 24 1997

32. Registrar's Signature

alia Davidson

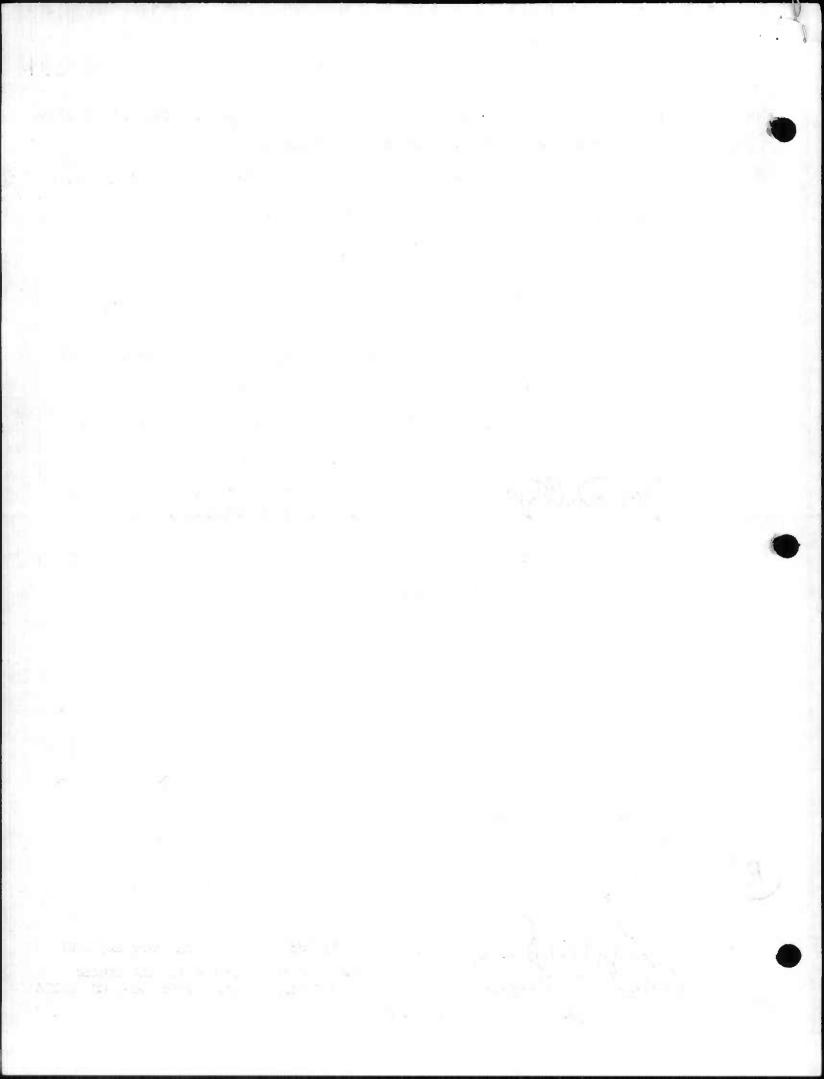


State of Maryland / Department of Health and Mental Hygiene 05291 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physician** Month Vaar February 20,1997 Ralph Campbell . /Medicai 6:30 pm 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** Johns Hopkins Bayview Medical Center Baltimore If Undar 1 Yaar | If Undar 24 Hrs. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foraign Country) **Funeral** Months Days Hours 1₩ 2□ F 215-12-0875 76 Yrs Director May2, 1920 Maryland Usual Rasidanca of Dacadant the Maryland 10a, Stata 10b. County 10c. City, Town or Location 10d. insida City Limits 28a-f show notified at Baltimore Md . Dundalk 1 Yas 2 No Director 10e. Straat and Numbar 10f. Zip Coda 10g, Cifizan of What Country? d 2 should be filled within 72 hours efter death with it hand Mental Hygiene.
7 is merked other than "natural", or items 23a or: traumetic event, it a Moolical Examination want. 1808 Homberg Ave. 21222 USA Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Yas 2 No If Yas, Giva Yaar or Datas: 1 Navar Married 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 🏖 No Specify: Specify: White à 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Sacondary (0-12) Collaga (1-4or 5+) Beth. Steel 12 yrs. Welding Foreman 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Charles J. Campbell Minnie I. Weir 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Numbar, City or Town, Stata, Zip Coda) permit. Peges 1 and 2 st Department of Health end Important: If itam 27 is m any injury or other traun Anna Campbell wife 1808 Homberg Ave. Dundalk Md. 21222 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 X Burial 2 ☐ Cramation 3 ☐ Ramoval from State Oak Lawn Cem. 2-24 Baltimore 4 Donation 5 Othar (Spacify) 22. Nama and Addrass of Facility Connelly Funeral Home of Dundalk 23a. Part 1. Entar tha disaasa, or complications that causad tha death. Do not antar the mode of dying, such as carolac or respiratory arrest. 21222 shock, or heart failure. List only one cause on each line. Interval Batween Onsat and Death **Physician** /Medical Immediate Causa (Final Cardiogenic shock 16 hours disaasa or condition Examine Dua to (or as a consequence of): Examiner Myocardial Infarction burial-transit Saquantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury pue Dua to (or as a consequence of): Box 68760 ettending physician The law requires that the death certificate be Physician/Medical the that initiated evants rasulting in death) Last Dua to (or as a consequance of): 98 USB B Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? vision of Vital Records, P.O. signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 2 Unknown by 24b. Wara autopsy findings available prior to complation of causa of death? 24a. Was an autopsy performed? Completed peed pege 2 1 Yas 2 No 1 ☐ Yas 2 No 25. Was casa rafarrad to medical axaminar? Be 26. Placa of Daath (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 10 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred Medical Certification: 1 Naturai 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datarmined 28f. Location (Straaf and Number or Rural Routa Number, City or Town, Stata) 3 ☐ Sulcida 28a. Place of injury - At homa, farm, streat, factory, office building, atc. (Spacify) 4 | Homicida 29a. Cartifian 1🗡 Certifying Phyaician: To tha bast of my knowladga, daath occurrad at tha tima, data and place, and dua to tha causa(s) and mannar as statad. 2 Medicat Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. within To the 29b. Signatura and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 96708 February 21, 1997 of death (Itam 23a) (Type, Print) Johns HOpkins Bayview Medical Center

Ragistrar's Signature

4940 Eastern Avenue, Baltimore, MD

State Registrar



State of Maryland / Department of Health and Mental Hygiene Q 7

05202

					Cert	ificate of	Death	,	Reg. No.)	03232
	Dhuala	1	1. Decedent's Neme (First, Middle, L.	ast)				2. Dete of Dec	eth	Van	3. Time of Death
	Physic /Medi		CLYDE	MELVILLE		CLAP	P	FEBRUA	RY 20	Yeg 9	7 10:08 8
	Exami		4e. Fecility Neme (If not institution, gi	and the second second			4b. City, Town, or Lo	cation of Deeth	,	of Deeth	OPF
L			GREATER BALT			1	TOWSON				
	Funeral Director			Sex 7. Age (In yrs 1 M M 2□F 84	s. last birthdey) Yrs.	If Under 1 Year Months Deys	Hours Min.	6. Dete of Birt (Month, Da) Dec 7,			plece (Stete or Foreign htty) yland
	ylend		10a. Stete 10b. County	10c. C	ity, Town or Loc	ation				1	I Od. inside City Limits
	Mar Mar	to	Maryland Baltimo	re County Co	ckeysvi	11e					1□ Yes 2Ū No
	# 28 2 28	je	10e. Street and Number		-	10f. Zip Code			10g. Citizen of \	What Cour	ntry?
	23a	a	13801 York Road	, K-2		210	030		US	SA	
120	72 hours after death with the Maryland natural; or floms 23a or 28a-f show diest Examiner must be notified at	by Funeral Director	11. Marital Status 1 □ Never Merried 2 ☒ Merried 3 □ Widowed 4 □ Divorced	12. Wes Decedent Ever in to Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give 12 Yeer or Detes:	if '	es Decedent of I Yes, specify Cub	Hispenic Origin? (Specen, Mexican, Puerto	ecify Yes or No- Rican, etc.)	14. Rec	e - Americ ck, White,	can Indien, etc.
8	72 hours "natural",		15. Decedent's E		16a Decede	nt's Usuel Occur	netion		16b. Kind of Bi		
21215-0020	-	Completed	(Specify only highest gr	ede completed)	(Give ki	ind of work done NOT use retire	during most of worki	ing			Machinery
2	filed within Hygiene.	E	Elementery/Secondery (0-12)	College (1-4or 5+) 4 yrs			its Manag		Produ	ictio	n Industry
g	be filed that Hygie d other event, to	Bec	17. Fether's Neme (First, Middle, Last				18. Mother's Neme	(First, Middle,			u Industry
Maryland	should be nd Mental marked o	To	Clyde Alvin C	lapp			Lillian		т	icka	gon
a	and and and and and and and and and and	-	19e. informent's Neme/Reletionship	Type, Print)	19b. Mailing	Address (Street	t end Number or Rure				
	Heelth Heelth Tem 27 i		Dorothy Lamberton	n Clapp (Wife)	13801	York Ro	oad, K-2,	Cockevs	ville.	MD 2:	1030
Baltimore,			20e. Method of Disposition 1 ☐ Buriel 2 X Cremetion 3 E		Piece of Disposi cemetery, creme	tion (Neme of		Dete	20c. Location -	City or To	wn, Stete
Ē	0 5 >		4 □ Donetion 5 □ Other (Special	(y) Gre	een Mour	nt Crema	tory 2	/22/97	Baltimo	re. M	Maryland
ä	permit. Pege Department o Important: If I any Injury or once.		21. Signature of Funerei Service Like		22.	Name end Addre	ess of Fecility			,	az y zaria
10	82538		Martin D	Source	Mi	tchell-W	Viedefeld	Home			
			Martin D. 23a. Pert1. Enter the diseese, or obra shock, or heert fellure. List only	plicetions thet caused the dee	th. Do not enter	the mode of dyl	ng, such es cardiac d	r respiretory at	Mary La	nd = 2	Approximate Interval Between
	Physician										Onset end Deeth
	/Medical Examiner		Immediate Ceuse (Finei diseese or condition	1 KESPI	MATOT	NYF	AILUR	E			48 HRS
	LAGITIMIE		resulting in deeth)	Due to (or as a consequ	ence of):		^			
	pe is	Examiner		p. CHOWNIC	OBS9	MC711	UE LUN	12 PI	SEMSE		15 YRS
	and and	хап	Sequentially list conditions, if env. leading to immediate		or es e consequi						
68/60,	artificate be executed ing physician and e as the bunel-transit		Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that inflieted events	C						i	
200	phys s the	edicai	resulting in deeth) Lest	Due to (d	or es e conseque	ence of):				i	
POX		2		d							
	thet the death ce ed by the ettendi deteched for use	Physician/	Post II Other significant conditions		and a second		1.5				
5	t the d by the teched	hys	Pert II. Other significant conditions of	. 1			ven in Pert I.				the cause of death?
		by P	CONGESTIO	IE HEART	FAILL	INTS		ישי	ree 2□ No	3 Prot	bably 4 Unknown
Hecords,	iaw requires thet as been signed to 2 should be det	Completed b						24e. Wes e perfor	en eutopsy med?	876	ere eutopsy findings elieble prior to mpletion of cause deeth?
	o - 2	Eo						1 🗆 Y	es 2DNo	10	Yes 2□ No
Ø	dcian: The	Bec	25. Wes case referred to medicei				26. Plece of Deeth				
_	S S D	To	exeminer? 1 Yes 2 No	Hospitel: 1. Impatient 2	ER/Outpetient	3□ DOA Oth	ner: 4 Nursing Hor			er (Specify	v)
Division of Vital	or Attending Phefer death. Director: After the		27. Menner of Death 1 Traturei 5 Pending 2 Accident investigation		28b. Time of Injury	28c. Injur Wor M 1		-	ow Injury occurr		
DIVIS	s ofter de st Directo ed in by ti	Certification:	3 Suicide 6 Could not b 4 Homicide determined			t, fectory, office	2	26f. Location (S. City or Town		er or Rura	i Route Number,
	To the Hospital or Att within 24 hours efter d To the Funeral Direct completely filled in by	edical	29e. Certifier (Check only one)	ysician: To the best of my kno niner: On the basis of exemine end manner steted.	owiedge, deeth o etion end/or Inves	ccurred et the tir stigetion, in my o	me, dete end plece, e oplnion, deeth occurre	and due to the c and at the time, d	euse(s) end me late end piece, i	nner as st and due to	eted. the ceuse(s)
	within 2 To the comple	Σ	29b. Signeture end title of certifier	1 /		29c. Licens	se number	2	9d. Dete signed	(Month, I	Day, Year)
	0		1.10lt	Josepher.	un	D	23450		2/20	197	,
)	10		30. Neme end address of person who	completed celuse of deeth (Iter	n 23e) (Type, Pr	inst				111	
			WARTER	HERNEN	334%	PAPER	MILLRO	PHURN	1x M	0 2	113/
	Sta	te	31. Deta filed (Month, Day, Year) FEB 2 4 1997	39 Flugatrar's Signa							
	Registr	ar	LP 64 331	Transferrance -	Marchan						

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State of Maryland / Department of Health and Mental Hygiene 05293 Certificate of Death 1. Decedent's Neme (First, Middia, Last) 2. Date of Death 3. Time of Death **Physician** Elizabeth O'Dwyer Carlin 21, February 1997 10:15A /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Baltimore
| Fundar 1 Year | If Undar 24 Hrs. | 8. Dete of Birth (Month, Dev. Year) 4100 North Charles Street 5. Social Security Number 7. Aga (In yrs. lest birthdey) Birthplaca (State or Foraign Country) **Funeral** Months Director 134-12-7326 February 12,1919 New York Usual Residence of Decedent death with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "netural", or items 23a or 28a-f show the Medical Examinar must be notified at 1 Yas VAN Director Florida Palm Beach Jupiter 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 16460 Riverwind Drive 33477 Funeral USA 12. Wes Decedant Evar in U,S. Armed Forcas? 13. Wes Decedent of Hispenic Orlgin? (Specify Yas or No-lf Yas, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Stetus 14. Rece - American Indian, parmit. Peges 1 and 2 should be filed within 72 hours effer of Depertment of Heelth and Mental Hygiene. Important: If item 27 is marked other than "natural", or item any injury or other traumetic event, the Modical Exemples Black, White, atc. 1 Never Merried 2 Married 1 ☐ Yes 2)(☐X\o If Yas, Give Saltimore, Maryland 21215-0020 1 □ Yas 2/□/No þ Specify. Specify: White 3√Widowed 4 □ Divorced Yeer or Detes: Completed 15. Decedent's Education (Specify only highest grada completed) 16e. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Own Home Homemaker 17. Father's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middle, Meiden Sumema) Thomas Paul 0'Dwver Dorothy Hart 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Daughter 2220 Wildwood Hollow Drive Valrico Florida 33594 Elizabeth C. Hopkins 20b. Pleca of Disposition (Name of camatary, crematory or other piece) 20a, Mathod of Disposition 20c. Location - City or Town, Stata 1 X Jurial 2 Crametion 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Druid Ridge Cemetery 2/26/97 Pikesville, Maryland Manature of Funerel Sarvice Licenses 22. Name and Address of Facility Mitchell-Wiedfeld Home 6500 York Road Baltimore, Maryland 21212 23a. Pert1. Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or haert failure. List only one ceuse on each line. Physician Immediete Cause (Final diseese or condition resulting in deeth) /Medical Examiner Due to (or as a consequence of) Examiner ettending physician and for use es the buriel-transit Sequentielly list conditions, if eny, leading to immediata cause. Enter Undartying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): certificate be exec P.O. Box 68760, Physician/Medicai Due to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the state signed by 1 ☐ Yee 2 ☑ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records. þ 24b. Were autopsy findings aveilable prior to completion of causa of death? 24e. Wes an eutopsy performed? Completed certificate has 1 Yes 2 No 1 ☐ Yes 2 ☑ No or Attending Physician: funeral director, 25. Wes case referred to medical examiner? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 10 1 Yes 217 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred Certification: 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? Affer 5 Pending Investigation 1 Neture 1 Yes 2 No 2 Accident 24 hours efter deet Funeral Director: Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Hospital 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) and manner es steted. Medicai completely (Check only one) 2 Medical Examiner: On the basis of examinetion end/or invastigetion, in my opinion, deeth occurred at the time, dete end piece, end due to the cause(s) and manner steted. To the I within 2 To the F 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Day, Year) non February 21, 1997 10 30. Neme end wore's of person who completed cause of deeth (Item 23e) (Type, Print) Christian Hansen III 7801 York Road Towson, Md 21286 32. Hedistrent Signature

Registrar

DHMH 16 Rev 6/95

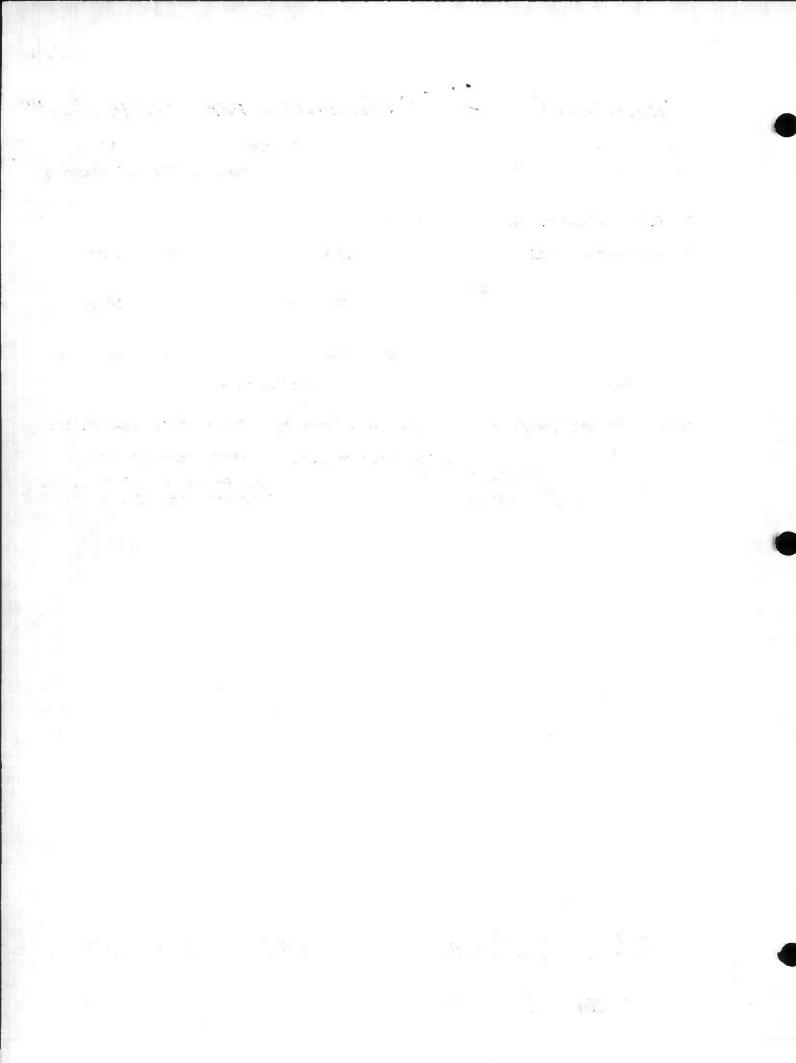
State of Maryland / Department of Health and Mental Hygiene 97

				C	Certificate of	Death		Reg. No.		
Physic /Med	ical	1. Decedant's Name (First, Middla, Las CATHERIN	E G.	- (RANI		2. Date of De Month	Dey 6 /	997	3. Time of Deeth
Exami	ner	4a. Facility Name (If not Institution, give	straet and number)				r Location of Deat	h 4c. Count		
Funeral Director		Keswick Home 5. Social Sacurity Number 6. Second Security Number 6. Second Security Number	7. Aga (In	yrs. last birtho	Months Days		s. 8. Dete of Bi	T, 1911	9. Birthpl Balt	A lace (Steta or Foraign imore, Md.
pue *		Usuel Residence of Decadent 10e. Stete 10b. County	100	City, Town o	r Location					Od Incide Other Livelin
Maryle f sho	0	Maryland Baltimor		Pikes						0d. inside City Limits 1 ☐ Yes 2 ☑ No
with the	Director	10e. Street and Number 706 W. Cliveden Ro		I LIKES	10f. Zip Code 2120	Q		10g. Citizen of United		try?
5-0020 72 hours efter deeth with the Maryland naturel, or items 23s or 28s-f show deal Examinel must be notified at	by Funeral	11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Evar i Armad Forces? 1 ☐ Yes 22No if Yas, Give Yeer or Detes:	n U,S.	13. Was Decedent of if Yes, specify Cut	Hispenic Origin? (oan, Mexican, Pua	Specify Yas or No rto Rican, etc.)	14. Rai	ce - America ck, White, e	an indien, etc.
2121 a within piene.	Completed	15. Decedent's Edi (Specify only highest gred Eiementery/Secondery (0-12)	cation de completed) College (1-4or 5+)	16e. De (G	ecedant's Usual Occu live kind of work dona e. DO NOT use retire HOME Mak	during most of wo ed)	orking	16b. Kind of B	usiness/Ind	
	Bec	17. Fathar's Name (First, Middla, Last)				18. Mother's Ne	eme (First, Middle	, Meiden Sumer	ne)	
Maryland d 2 should be file th end Mental Hy 7 is marked othe traumatic event	10	Walter Gessford				Hattie	Royston			
Marylis d 2 should th end Mer 7 is marke traumatic		19e. informent's Neme/Relationship (T			eiling Address (Stree					
Fe, s 1 an i Heal tem 2		Lois C. Schwait (D 20e. Method of Disposition 1 ☐ Burial 2 【Cremation 3 ☐ I	20	b. Placa of Di	West Uni sposition (Name of cremetory or other pic	ice)	Date	Baltin 20c. Location		Md.21210 wn, Stete
timor Peges ment of I tant: If its jury or o		4 ☐ Donetion 5 ☐ Other (Specify,	1		Service		2/22/97	Towson	,Mary	Land
Baltimo permit. Pege. Department o Important: If i any injury or once.		21. Signature of Funeral Service Licens	Garage L.	Gair	22. Nama and Addr	R	uck Tows			ome,Inc. n,Md.21204
Physician /Medical Examiner pue un pu	Examiner	immadlate Cause (Final disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	o cerso			geelie	non			Onsat and Deeth
OX 00 / 00, certificate be executed anding physician and use as the bunal-transit	Medical	Cause (Disease or injury that initiated events resulting in deeth) Lest	c. Due to	o (or as e con-	sequenca of):					
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T # 5 5	by Physician/	Town. Outer agricultural Conditions Con	TO DOUGHT DUT THO	lesuring in an	e undanying cause gr	ven in Pert I.		Yes 2 No	3 Prob	the causs of death? ebiy 4 Unknown
aw requir	Completed t		=			_		an autopsy med?	ava con	ra autopsy findings ilebie prior to appletion of causa leath?
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Physician: The rules certificate and director, per	o Be	25. Wes case raferred to medical examiner?	lospitei:		_ Ot	ner /	eth (Check only o			
Affer this funeral d	lon: To	27. Menner of Deeth 1 Natural 5 Pending	1 ☐ inpatient 2 28e. Dete of injury (Month, Dey Year	28b. Time	of 28c. inju	y et rk?	Home 5 Resident	denca 6 Oth)
I or Attending after death. Director: After din by the fune	Certification:	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. Placa of injury - A building, etc. (Spe	t home, ferm,		Yes 2 □ No	28f. Location (City or Tox	Street end Numb vn, Stete)	er or Rural	Route Number,
To the Hospital or Attending Physician: The I within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edical C	29a. Certifier (Check only one) 1 Certifying Physical Examination (Check only one)	bician: To the best of my liner: On the bests of exem and mennar stated.	nowiedge, de Inetion end/or	eth occurred et the ti Investigetion, in my o	me, dete end piece opinion, deeth occi	e, end due to the urred et the time,	ceuse(s) end me dete end piace,	enner as ste and due to	oted. tha cause(s)
To the To the	Me	29b. Signeture and title of certifiar	1.0.		29c. Licens	se number	,	29d. Dete signe		
1		30. Neme end eddress of person who co	empieted cause of deeth (I	tem 23e) (Tyr	pe, Print)	1842		2-/	6-9	
P		31. Date (Mepths Days Years)	32. Registrat's Sig							

Registrar

FEB 24 1997





State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month **Physician** Elizabeth Davidson February 1997 11:17 am /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 7805 01d Harford Road Parkville Baltimore If Under 1 Year If Under 24 Hrs. 5. Sociei Security Number 8. Dete of Birth (Month, Dey, Year) Birthpiece (State or Foreign Country) 7. Age (In yrs. lest birthdey) **Funeral** 1 □ M 200 F Deys Hours 94 Yrs 217-14-1718 Director January 8, 1903 Maryland Usuel Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits ns 23a or 28a-f show 1 Yes 2 X No Director Maryland Baltimore Parkville 10e. Street and Number 10g. Citizen of Whet Country? 10f. Zip Code 7805 01d Harford Road 21234 United States death Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 2 No If Yes, Give Yeer or Detes: r than "natural", or items the Medical Examiner ma Reca - American Indien, Bieck, White, etc. Wes Decedent of Hispenic Origin? (Spacify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritei Stetus filed within 72 hours efter 1 Never Merried 2 Merried altimore, Maryland 21215-0020 1 ☐ Yes 2 🕱 No Specify: Specify: þ 3 X Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filled within 7. Department of Heelih and Mentel Hyglene. Important: If item 27 is marked other than "na any injury or other traumatic event, the Media 2005. Elementery/Secondery (0-12) Coilege (1-4or 5+) Bookkeeper Banking 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Wefelmeyer Catherine (Unknown) Carl 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Ms. Katherine L. Davidson / Daug. 7805 01d Harford Road Baltimore, Md. 20b. Pleca of Disposition (Name of cametery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 2/22/97 Moreland Memorial Park 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore, Maryland 21. Signeture of Funerei Service Licansee Mark T. Zavoyna 22. Name and Address of Fecility
Leonard J. Ruck, Inc. Marco 1-5305 Harford Road Baltimore, Md. 21214 23a. Pert1. Enter the disease of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** /Medical Immediete Ceuse (Finel diseese or condition resulting in deeth) **Examiner** Due to (or es e consequenca of): FAILURE Examiner HEART attending physician end for use as the burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Lest the death certificate be exe DEPENDENT P.O. Box 68760, Physician/Medical Due to (or es e consequenc LLATION SCON ed by the al Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the ca signed by t 1 Yes 25 No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings evailable prior to completion of cause of death? Completed 24e. Wes an eutopsy performed? certificate hes DEPENDEN NEUROPATHIC 10 Yes 200 1 ☐ Yes 2 ☐ No Vita RIGHT 25. Wes case referred to medical exeminer? Be CER A Other: 4 Nursing Home 5 Presidence 8 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No 10 28e. Dete of Injury (Month, Dey Year) 27. Menger of Deeth 28c. Injury et Work? 28d. Describe how injury occurred 28b. Time of Certification: 5 Pending investigation 1 Neturei 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Piace of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ HomicIde To the Heapital within 24 hours To the Funeral completely filled 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and piece, and due to the ceuse(s) and menner as stated.

2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end piece, and due to the cause(s) end menner steted. 29a. Certifier Medical 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Neme end address of parson who completed cause of death (Item 23e) (Type, Print) OSLER DRIVE - Suite TOWSON, MD MEDICA

State Registrar

31. Dete flied (Month, Day, Year)

Julia Davidson-Randelle

32. Registrer's Signeture

DHMH 16 Ray 6/95

State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death **Physician** Month Vear THOMAS DEAN DIGIONDOMENICO FEBRUARY 18, 19
4b. City, Town, or Location of Death 4c. County of Deeth /Medical 1997 100N 4a. Facility Name (If not institution, give street and number) Examiner 6129 Regent Park Road Catonsville Baltimore 5 Social Security Number If Under 1 Year if Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Dey, Year) 7. Age (In yrs. last birthday) **Funeral** Birthplece (State or Foreign Country) Days 1 X M 2 □ F 218-76-6060 Yrs. Director 39 January 10,1958 Pennsylvania Usual Residence of Deceden the Maryland 10a State 10b County 10c. City, Town or Location item 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Madical Examiner must be notified at 10d. Inside City Limits 1 Yes 2 No Directo Maryland Baltimore Catonsville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours after death v. Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 22-any injury or other traums** 6129 Regent Park Road 21228 U.S.A. 12. Was Decedent Ever In U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☑ Married 1 Yes 2 No If Yes, Give Year or Dates: Saltimore, Maryland 21215-0020 1 ☐ Yes 2 Ø No Specify: Specify: White à 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Finanical Federal Government 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be Oresto Digiondomenico Carolyn Ballard 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Donna Digiondomenico (Wife) 6129 Regent Park Road Catonsville, Maryland 21228 20b. Place of Disposition (Name of cemetery, cremetory or other place) Feb. 22, 20e. Method of Disposition 20c. Location - City or Town, State 1 ₺ Burial 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify) Crestlawn Memorial Garden 1997 Marriottsville, Maryland 21. Signeture of Funeral Sepuce Licences 22. Name end Address of Facility Witzke Funeral Home of Catonsville, Inc. 1630 Edmondson Avenue Catonsville, Maryland 21228 201281 23e. Parti. Enter the disease, or complication that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or hear failure. List only one cause on each line. **Physician** e. AMYOTNOPHIC LATERAL Sclenosis

Due to (or as e consequence of):

Due to (or es a consequence of):

Due to (or es a consequence of): Immediate Cause (Final diseese or condition resulting in death) /Medical Examiner burial-transit requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest P.O. Box 68760. physician Physician/Medical the Due to (or as a consequence of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the causa of death? signed by i 1 ☐ Yes 2 Probably 4 ☐ Unknown Records, by Be Completed 24b. Were autopsy findings available prior to completion of ceuse of deeth? 24a. Wes an autopsy performed? 8w 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical examiner? 28. Place of Death (Check only oper Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) 1 Yes 2 No. 2 1 Inpatient 2 ER/Outpatient 3 DOA 27. Menney of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28d. Describe how injury occurred To the Hospital or Attending within 24 hours after death.
To the Funeral Director: After completely filled in by the lynner. 28c. Injury at Work? Division 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Couid not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homleide 1 cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) end menner as stated.

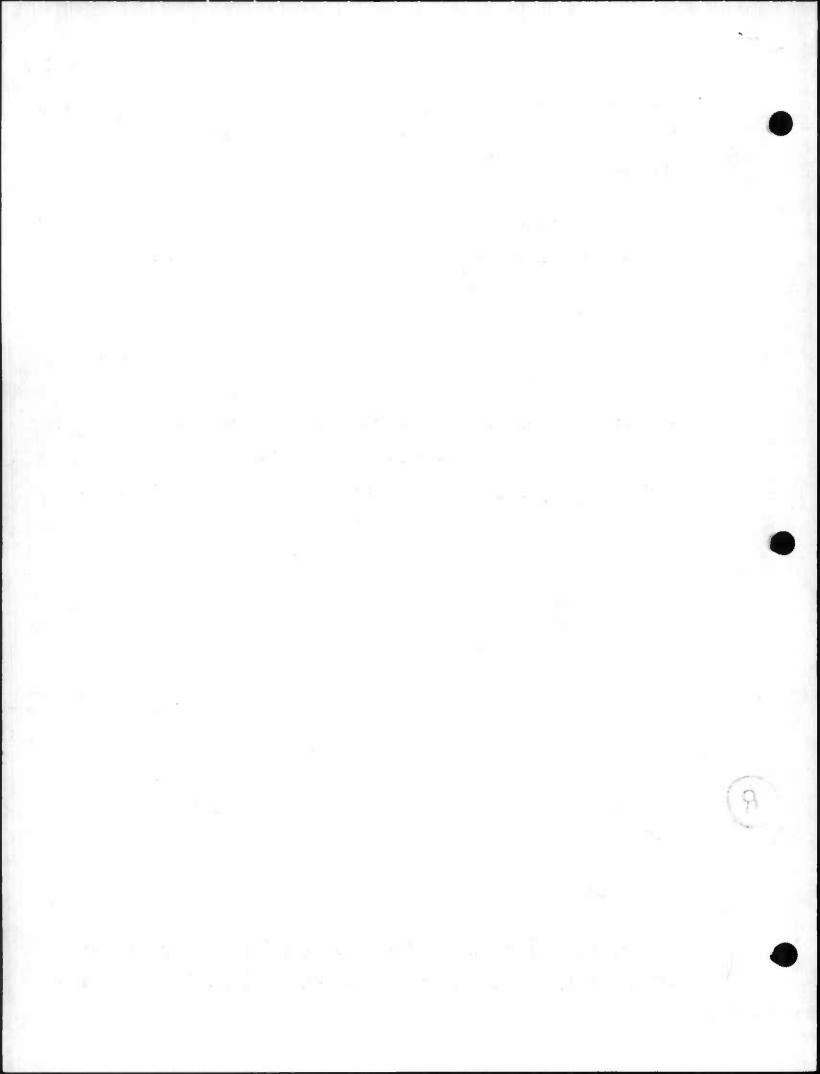
| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. Medical 29a, Certifier 29b. Signeture and title of cartifier 29d. Date signed (Month, Dey, Year) 29c. License number Michael Dellmon MD D22874 30. Name end address of person who completed ceuse of death (Item 23e) (Type, Print) 301 ST PAULPLACE # 402 BALL MS 21202-2165 Miccian (Sellma)

31. Dete filed (Month, Day, Year)

FEB 24 1997 32. Registrar's Signature

Fre Davidson-Randelle

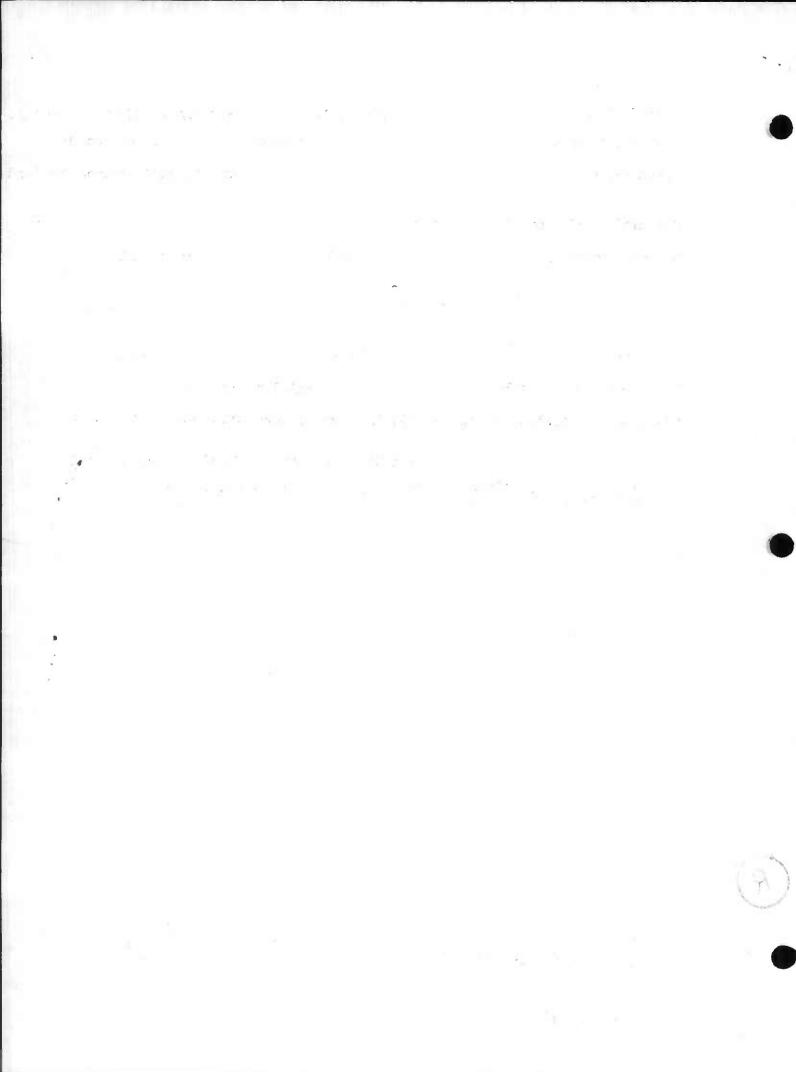
State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Manyland / Department of Health and Mental Hygiene

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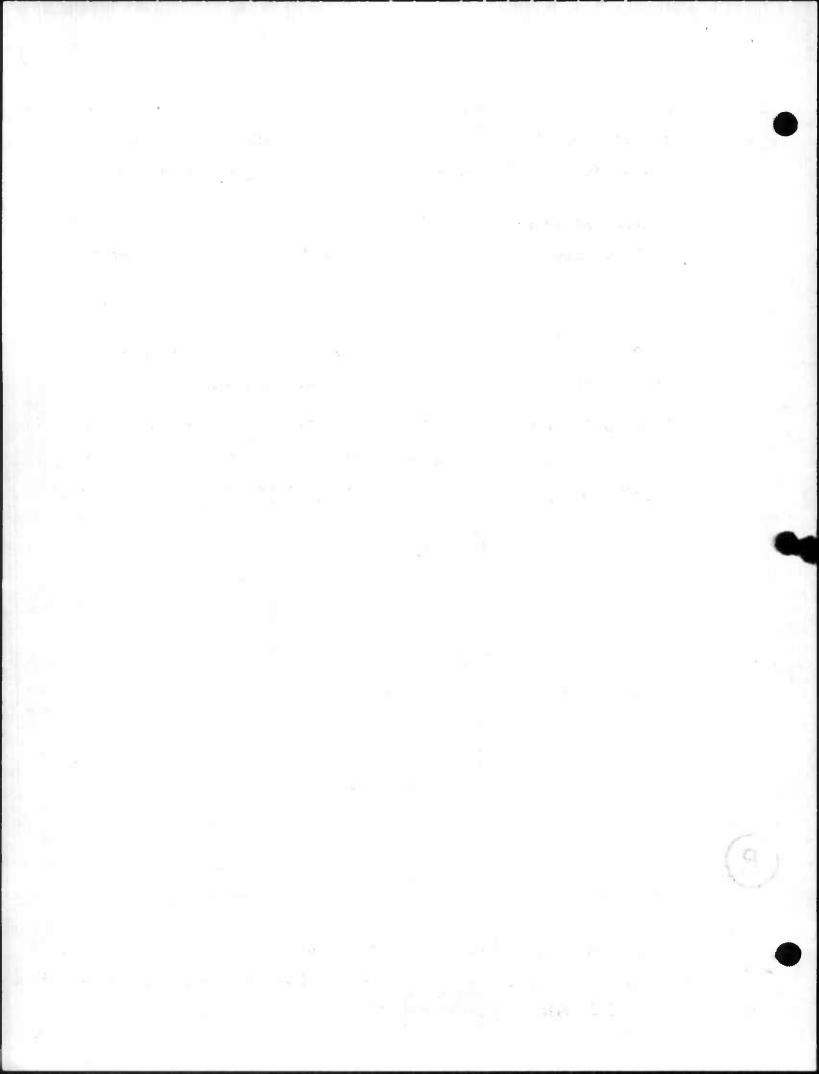
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	Examir		4a. Facility Nema (If not institution, g	iva street and number)				ity, Town, or L	ocation of Dea		4c. County					
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	pud .		Usual Rasidance of Decedant 10a. Stata 10b. County		10c. City, Tow	m or Loc	eation						10	M. Inalda Ciby I Imita			
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21215-0020	within 72 hours after death with the Maryland ene. than "natural", or Hems 23a or 28e-f show he Medical Examinat must be notified at	by Funeral	1 ☐ Navar Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	Armed Forcas	? INO 3/4/44 10/18/4	4	Yes, specify (ecify Yes or N Rican, atc.)	0		ck, Whita, a	itc.			
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_	40260		They	derick Derrick Dollenberg Estella Gerstmyer													
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á	1 美麗田	Certification:	4 Homicida	building, a	(c. (Specify)					City or To	wn, St	ete)					
Ċ			29e. Cartifiar 1 Cartifying P	hysician: To the best	of my knowledge	e, deeth	occurred at th	na time, de	ete end plece,	end due to the	cause	(s) and me	nnar as sta	ated.			
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	To the To the Company	Σ	29b. Signature and titla of certifier				29c. Lic	cense nun	mber		29d.	ata signe	d (Month, E	Day, Year)			
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	Registr	ar	FEB 24 199	gona	Then (d)ov-	milas											



State of Maryland / Department of Health and Mental Hygiene 05298 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time f th **Physician** Doughert Feb 11:40 AM /Medicai 4a. Facility Name (If not Institution, give street end number 4b. City, Town, or Location of Death 4c. County of Death Examiner St. Agnes Hospital Baltimore N/A 7. Aga (In yrs. lest birthday) If Under 1 Yaar If Under 24 Hrs. 6. Date of Birth Months Days Hours Min. (Month, Dey, Yeer) 5. Social Sacurity Number 9. Birthplace (State or Foreign Country) **Funeral** 1□M 2☐¥F Days 214-74-4946 Yrs. Director 104 Oct. 29,1892 Maryland Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d. Insida City Limits permit. Pages 1 end 2 should be filed within 72 hours efter deeth with the Maryla Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumetic event, the Medical Examiner must be notified as 1 Yas 2 No Halethorpe Directo Maryland Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 4302 Ridge Road 21227 United States Funeral 12. Was Decedent Ever In U,S. Armed Forces?
1 Yes 2 No If Yes, Give 11. Marital Stetus Was Dacedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian 1 Never Married 2 Married Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ rr Yes, Give Yaar or Dates: 3 ☐ Widowed 4 ☐ Divorced Specify: white Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) homemaker own home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be John Neuschafer Annie Weller 10 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Anna Dougherty, daughter 4302 Ridge Avenue Halethorpe, Maryland 21227 Baltimore, 20a. Method of Disposition

**Disposition 3 Removal from State 20b. Plece of Disposition (Name of cometery, cremetory or other plece) 20c. Location - City or Town, State 4 □ Donation 5 □ Other (Specify) Western Cemetery 2/22 Baltimore, Maryland re of Puneral Service Licenses 22. Name and Address of Facility Ambrose Funeral Home, Inc. Arbutus 1328 Sulphur Spring Road 21227 23a. Part1. Enter the disease, or comblications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Physician /Medical Immediate Cause (Final · Pseudomonas disease or condition resulting in death) one week Examiner Urinal one week Physician: The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last Due to (or as a consequence of) of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 20 No 3 Probably 4 Unknown þ Completed 24b. Were autopsy findings available prior to completion of ceuse of death? 24e. Wes an autopsy performed? this certificate has ral director, pega 2 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 12 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yas 2 No 27. Menner of Death Certification: 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 1 BNatural 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be 3 Suicida Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 ☐ Homicide 15 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier To the Your Street 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) 516 N. ROLLING ROAD CATONSVIlle, MD 21228 LINGER STEPHANIE

State Registrar 31. Dete filed (Month, Dey, Year) FEB 2 4 1997 32. Redistrar's Signature



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 05299

نست	CIII		a per FH Film G744 2-28 1. Decedent's Name (First, Middle, Last)	, , , , , , , , , , , , , , , , , , ,		Ceni	ificate of	Death	2. Data of Dec			3. Time of Deeth
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			Keswick Multi Care				MAI	Baltimo		N/		
Fund Direct			5. Social Security Number 215-03-8124 Usuel Residence of Decedent	7. Age	(In yrs. lesi		If Undar 1 Yaar Months Days		November	3, 1916	9. Birthpl Count Mar	aca (Steta or Foreign lry) yland
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Mar Mar	000	cto	Maryland N/A		Bal	timore	9					1 X Yes 2 □ No
or 28	o l	Director	10e. Street and Number				10f. Zlp Code			10g. Citizen of V		
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Maryland 21215-0020 d 2 should be filed within 72 hours ef th and Mental Hygiene. 7 Is marked other than "naturel", or	dical	eted	15. Decedent's Educ (Specify only highast grade	etion completed)	1	6e. Deceder	nt's Usuei Occup nd of work done	petion during most of wo	orkina	16b. Kind of Bu	isiness/Ind	ustry
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State Registrar

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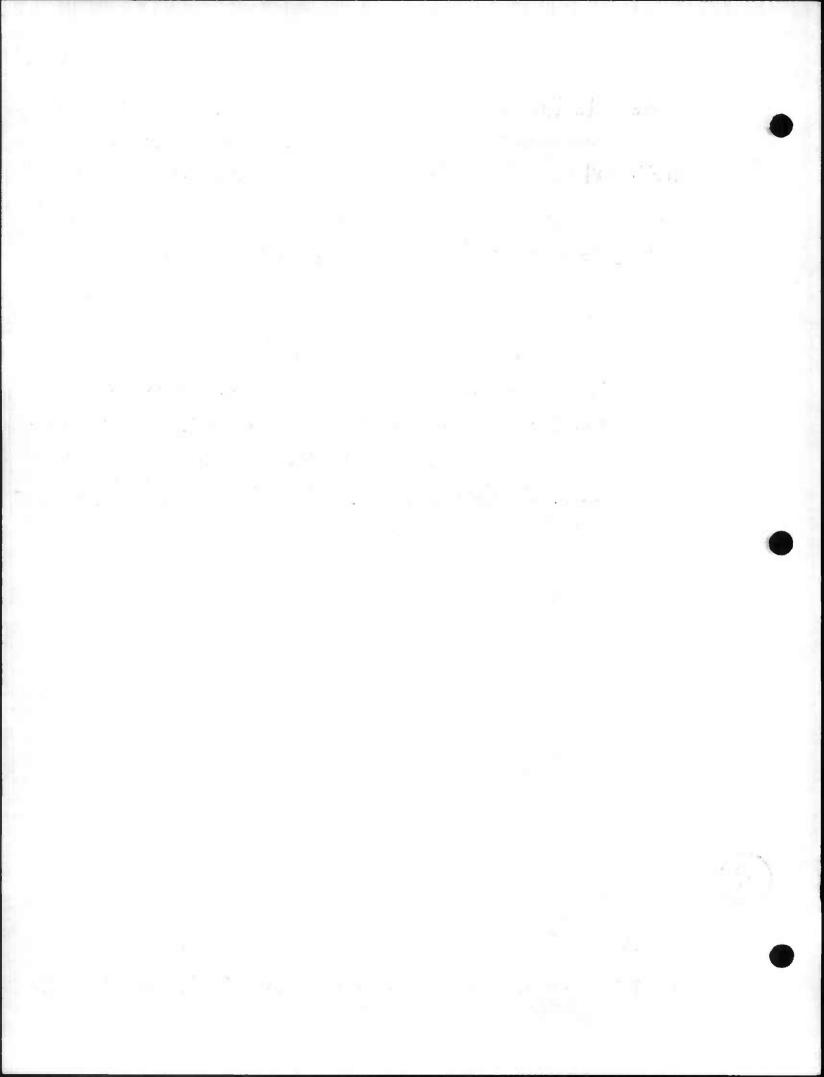
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State of Maryland / Department of Health and Mental Hygiene

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					Certificate of	of Death	Re	g. No.	
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21215-0020	d 2 should be filed within 72 hours after death with the Maryland th and Mental Hygiene. 7 is marked other than "natural", or Hems 23s or 28s-f ahow traumatic avent, the Medical Examinar must be notified as	þ	1 Never Merried 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 ☐ No If Yee, Giva Yaar or Datas:	1□ Yes 2006			Specify: B	lack
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ð	8 2 5	Certification:	4 Homicide	building, atc. (Specify)			City or Town,	Stata)	
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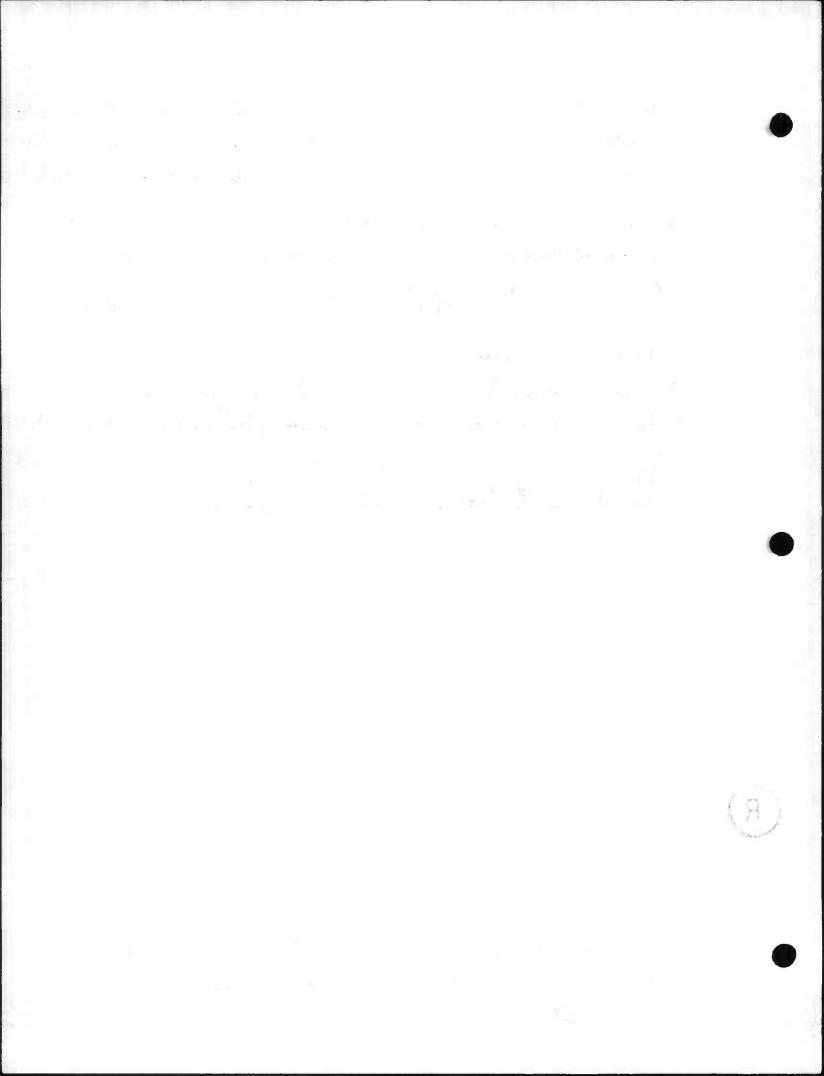
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State of Maryland / Department of Health and Mental Hygiene

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	Ite	n 1	Oe per FH film G744 2-24-97 rja Certificate of Death	Re	g. No.	1 00001
	Physici	an		2. Date of Death Month		3. Time of Death
	/Medic			February	21, 19	997 12:30 p.m.
	Examir	er	4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Loc		4c. County o	
II.			VA MEDICAL CENTER FORT HOWA 5. Social Security Number 6. Sax 7. Age (In vns. last birthday) If Under 1 Year It Under 24 Hrs.		BALTIN	
	Funeral Director		Months Days Hours Min.	8. Data of Birth (Month, Dey,	Year)	9. Birthplace (State or Foreign Country)
	show a st		10a. State 10b. County 10c. City, Town or Location			10d. fnside City Limits
	r 28a-f sh	Director	nd NA Baltinore 10a. Street and Number MONASTEDY 101. Zip Code	10	a Chian of Mila	1 □ Yas 2 □ No
	eth with 23e or	rai Dir	56 N. Monastacy Lue 21229		g. Citizen of Wi	+
21215-0020	72 hours effer deeth with the Maryland natural; or items 23s or 28s-f show free Exercited mat be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was Decedent Ever in U.S. Armed Forces? 1 Never Married 2 Married 1 Marrie	cify Yes or No- Rican, etc.)		- American Indian, , White, etc.
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	TI Co. be	ပိ	17. Father's Name (First, Middle, Last) 18. Mother's Name	(First Middle M	eiden Sumeme	ENGINEELING
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Maryland	of br	F	19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural		City or Town, S	itate, Zip Code)
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ore,	S - 20 0		20a. Method of Disposition 20b. Place of Disposition (Name of		Oc. Location - C	City or Town, State
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alt	Departm Departm Importa any inju		21. Signature of Funeral Sarvica Licansaa 22. Nama and Address of Facility	1	(1)00	1)
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	Physician	k i	23a. Pard. Entar the district or complications that caused the death. Do not entar the mode of dying, such as cardiac or shock, or heart failure. List only one cause on each line.	r respiratory arre	st,	Approximata Interval Between Onset and Death
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Records,	equine sen sig vould b	Pe	blindness, left eye	24a. Was an perform	autopsy	24b. Were eutopsy findings available prior to
900	2.2	Completed	official to the second	perioni	001	completion of cause of death?
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3	以至	T 0	1 ☐ Yes 2 ☐ No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA Other: 4 ☐ Nursing Horr	ne 5 🗆 Resider	nce 6 Othar	(Specify)
Ž	a and	Certification:	Month Dev Year) Injury Work?	8d. Describe how	v Injury occurre	d
Division	Seath for: /	cat	2 Accident Invastigation M 1 Yes 2 No	01.1.1.10		
~	or At office or by	Tr.	detarmined detarmined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)	18f. Location (Stri City or Town,	Stete)	r or Rural Route Number,
-	Hospital 24 hours Funeral riely filled		29a. Certifier (Cherkon): 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, as	nd due to the cou	ina(a) and man	nor as stated
	Fun Blay	edical	(Check only one) 2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurre and manner stated.	d at tha tima, da	ta and place, ar	nd due to the ceuse(s)
	To the Hospital or Attenwithin 24 hours after deal To the Funeral Director: Completely filled in by the	Me	29b. Signature and title of certifier 29c. License number	29	d. Data signed	(Month, Day, Year)
			AMARIA P. JAM. M. N. D14958		2-21-9	7
	X		30. Nama and address of person who completed causa of death (Itam 23a) (Type, Print)			
	.6		AURORA C. TAN, M.D., VA MEDICAL CENTER, FORT HOWARD, MD	21052		
	Sta Registr		FEB 24 1997 ST. Begister's Signature Tandale.	·		



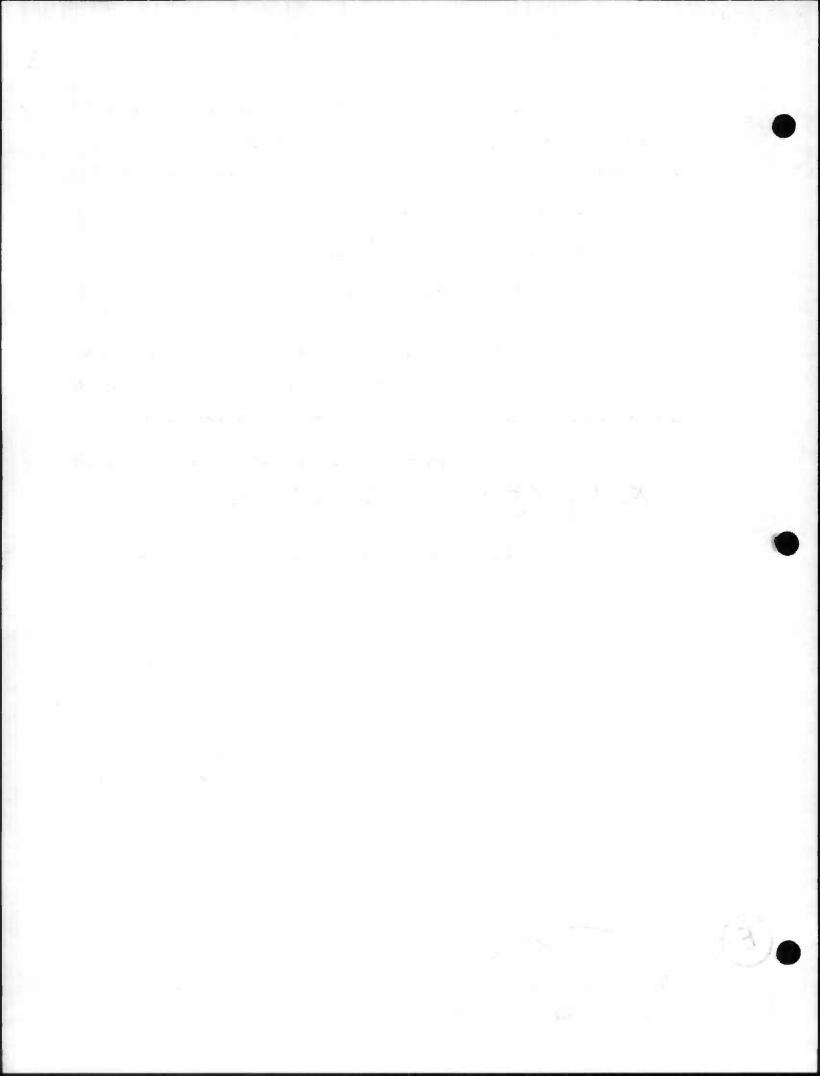
State of Maryland / Department of Health and Mental Hygiene

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05302

Certificate of Death 1. Decedent'e Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Veer WILLIAM FEBUARY ECKSTEIN 17 1997 /Medical 8:20 AM 4e. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner NORTHWEST HOSPITAL CENTER Randallstown BALTIMORE If Under 1 Year If Under 24 Hrs. 8. Date of Birth
Months Deys Hours Min. Dec 30 5. Sociei Security Number 9. Birthplece (State or Foreign Country) Maryland 7. Age (In yrs. last birthday) **Funeral** 1⊠M 2□ F 71 216-20-8572 Yrs. Director Usual Residence of Decedent deeth with the Meryland 10a. Stete 10b. County 10c. City, Town or Location 10d. tnside City Limits 28a-f show 7 is marked other than "natural", or items 23s or 28s-1 shot traumstic event, the Medical Examiner must be nutried at Md. Baltimore Baltimore 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 8108 Glen Gary Rd. 21234 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ⊠ Yes 2 □ No if Yes, Give Year or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 11. Marital Stetus Pages 1 and 2 should be filed within 72 hours efter nent of Health and Mantei Hygiene.
ant: If Item 27 Is marked other than "natural", or ite 1 Never Merried 2 Merried 21215-0020 IIWW 1 ☐ Yes 2 No Specify: White þ Specify 3 N Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry i Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) +1 Accounting Clerk Moving & Storage Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Anthony Eckstein Stolff 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Peges 1 end 2: Department of Health er important: If item 27 is any Injury or other traughte. William L. Eckstein Jr./Son 8108 Glen Gary Rd. Baltimore, Md. 21234 20b. Piece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Slete 1 2 Burlet 2 □ Cremetion 3 □ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore National Cemetery 2-21-97 Baltimore, Md. 22. Name and Address of Fecility 21. Signeture of Funeral Service Licanses Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 23e. Pert1. Enter the disease, ar complication that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. Lint only one cause on each line. Approximete intervel Between Onset end Death **Physician** /Medical Immediate Cause (Final Alberoscleronz Cardiovascular diseese or condition resulting in deeth) **Examiner** the buriel-transit The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last pue Due to (or es e consequença of): P.O. Box 68760, ettending physician for use as the burie Physician/Medicai Due to (or es e consequenca of): signed by the eld be detached for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Division of Vital Records, þ Completed 24e. Wes an eutopsy performed? 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? parhal 1 PYes 2 No 1 Yes 2 No certificate or Attending Physician: Be 25. Wes case referred to medical 28. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1X Yes 2 No 1 ☐ Inpatient 2X ER/Outpatient 3 ☐ DOA After this 28a. Dete of Injury (Month, Day Year) 28c. Injury et Work? Certification: 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Neturel death. 1 Yes 2 No 2 Accident efter death 6 Could not be 3 Sulcide in by t 28e. Place of injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Hospital c 24 hours el Funeral D edical 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pieca, and due to the ceuse(s) end menner as steted.

Madical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred et the time, date end piece, end due to the cause(s) end manner stated. 29a. Certifier (Check only 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) O.C.M.E. FEBUARY 18,1997 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) Powler avid 111 Penn Street, Baltimore, Maryland 21201 32 Registrar's Signeture 31. Dete filed (Month, Day, Year) State Registrar FEB 24 1997



State of Maryland / Department of Health and Mental Hygiene 97 05303

							Ce	rtificat	e of	Death			Reg. N	No.	,		
r	Dhuala	:	Decedent's Neme (Fire	st, Middle, La	st)							2. Dete of De Month		Эөу	Year	3. Tim	e of Deeth
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	Exami		4e. Fecility Neme (If not i									cation of Deet	h 4	c. County			
			Harford Gar					1		Balt					N/A		
	Funeral Director		5. Sociel Security Number 273-30-3572 Usuel Residence of Dece	1	ex □M 2 X F	7. Age (In yrs. 63	Yrs.	Months Months	Deys	If Under	Min.	8. Dete of Bir (Month, De January	ev. Yea	1934	9. Birthp Cour Ohio	piece (Stentry)	ete or Foreig
	ahow sd at			County		10c. Cit	y, Town or L	ocation							1	0d. Insid	le City Limit
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	or 28	Director	10e. Street end Number					10f. Zip	Code				10g. C	Citizen of \	Whet Cour	ntry?	
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21215-0020	swithin 72 hours after death with the Maryland liene. Than "natural", or Nerns 23a or 28a-f show the Medical Examiner must be notified at	by Funeral	11. Maritei Status 1 Never Merried 2 3 Widowed 4 🔯	/	12. Wes Dec Armed Fo 1 Tes If Yes, Gi Yeer or D	2 X No	,S. 13.	Wes Decedif Yes, special Yes			gin? (Spe i, Puerto	ecify Yes or No Rican, etc.)	>-		ca - Americ ck, White, V: Whi	etc.	n,
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an	2 0 0		19a. Informant's Neme/F	aletlonship (Type, Print)		19b. Mail	ing Address	S (Street	end Numbe	or Rure	el Route Numb	er, City	y or Town,	Stete, Zip	Code)	
Baltimore, N	of Heali Item 2 other		Mrs. Stacey S 20e. Method of Disposition 1 X Burial 2 □ Cre	n metion 3 🗆	Removei from	State 20b. P	Piece of Disposemetery, cre	osition (Nar metory or o	me of other ple	ce)		Dete Mary	20c.	Location -	City or To		
	permit. Page Department in Important: If any injury or once.		4 Donation 5 0			l l	rdens of					/24/97			e, Mar		
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	Physician /Medicai		Lancia Education		-										Ξį,		ind Deeth
	Examiner		Immediate Cause (Final disease or condition resulting In death)		0.	archo	pul	non	917	1-17	re.	((-			10	me	diate
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68760,	cate be executed physician and s the buriel-transit	Medical	Cause (Diseese or injury that Initieted events resulting in deeth) Last	1	C	Due to (or	r es e conse	quence of):									
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Ö	\$ \$ \$ \$	nple													of	mpletion death?	N/A
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or vital	this ai di	10	1 ☐ Yes 2 ☑ No 27. Menner of Deeth		1		ER/Outpetie		JA	-	rsing Ho				er (Specif	y)	
	auth. x: After he funer	tlon	1 Naturel 5	Pending Investigation		th, Dey Year)	28b. Time of Injury	1 M	28c. inju Wo 1.□	rk? Yes 2□1		28d. Describe	A	jury occur	red		
DIVISION	Attended to the color:	Certification:		Could not be determined	28e. Piace	of Injury - At he	oma, farm, st	1				28f. Location (Street	and Numb	er or Rure	l Route i	Vum <i>ber</i> ,
É	1	Te.	4 Homicide	4	buildi	ng, etc. (Specif)	()	1/A				City or To	wn, Sta	ate)			
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			-	16					DL	137	25			21,	221	19-	7
	2		30. Neme end eddrass of	person who	complated caus	a of death (Item	23a) (Type			1210	X)		C	1	1		
	0		Dr. Tariq Ma			ryland Ge	,	,	1	827 Li	nden	Avenue B	alti	more	Marv1	and	
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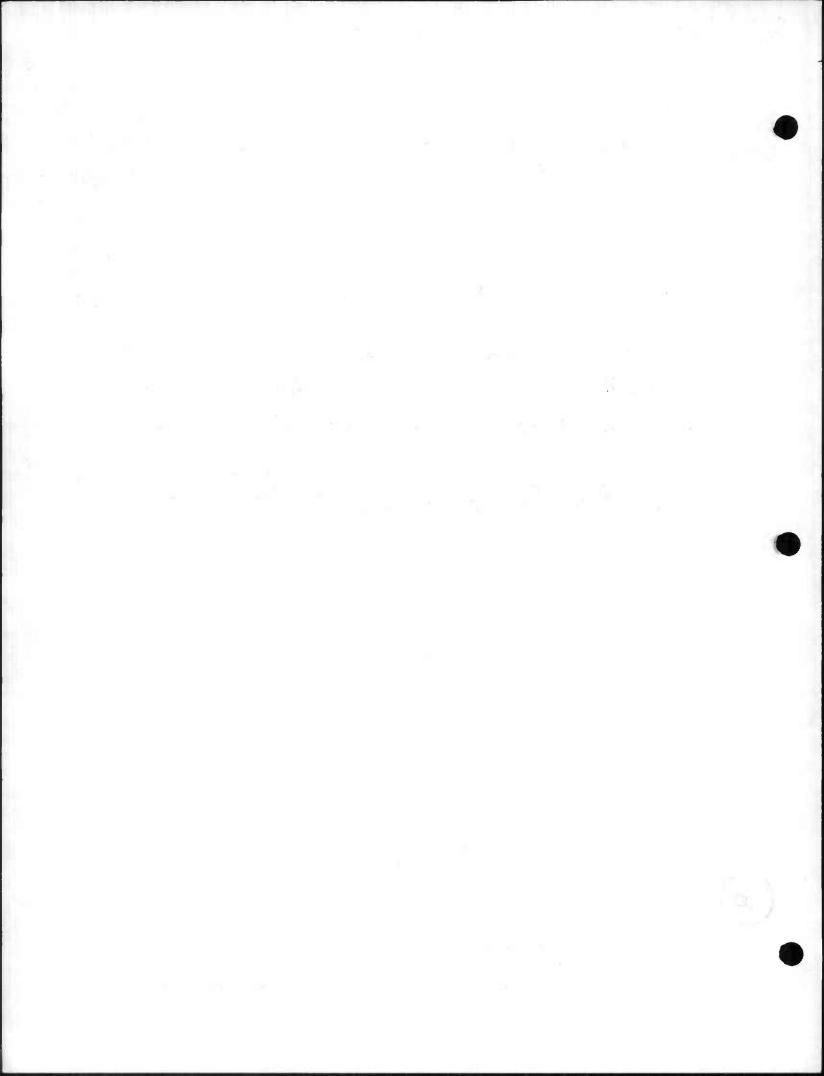
State of Maryland / Dep

partment of Health and Mental H	lygiene	97	0		2	0	0
ertificate of Death	Reg. No.	21	U	J	J	U	

			Item: 1 per MEO G-746	4/1/97 reb	Certificate o	f Death		g. No.	9/	15306
	Physic /Medi		1. Decedent's Nama (First, Middla, La CLAUDE CLUADE Jam				2. Data of Death Month	Day	Yaar	3. Time of Death
	Exami		4a. Facility Nema (If not institution, given	ra street and number)		4b. City, Town, or	FEBRUA Location of Death	4c. County	of Deeth	23:32
	Funeral Director		5. Sociel Security Number 6. S 216-86-9523	Sax 7. Age (In vrs. le	INGTON ST ast birthday) If Undar 1 Ya. Months Dey		8. Date of Birth Month, Day,	Year) 1973	9. Birthplac Country	a (Stata or Foraign
	nyland show		Usual Rasidence of Decedant 10a. Stata 10b. County	10c. City	, Town or Location		/		/	Inside City Limits
	ith the Marylar or 28a-f show	Director	Maryland M/A	130	It imore					10 Yes 2 No
	with the	P	10e. Syfeet and Number	7	10f. Zip Code		10	g. Citizan of	What Country	?
	ns 23a	Funeral	123/Sherwood	12. Was Dacedant Evar in U.S	2 / 2		pecify Yes or No-	14. Bed	e - Amarican	Indien
020	within 72 hours after death with the Maryland ena. then "natural", or items 23a or 28a-f show ha Medical Evantiner nast be notified at	by	1 Never Married 2 Married 3 Widowed 4 Divorcad	Armed Forcas? 1 Yes 2 WNo If Yas, Giva Yaar or Datas:	13. Was Decadant of If Yas, specify Control of Image 1. The Image 1.		o Rican, atc.)		ck, Whita, atc.	
5-0	"natural",	eted	15. Decedant's E	ducation ada complated)	16a. Decedant's Usual Occ (Giva kind of work dor lifa. DO NOT usa rati	supation	tkina 1	6b. Kind of B	usinass/Indus	try
21215-0020	d within giena. er than	Completed	Elamantary/Secondary (0-12)	Collega (1-4or 5+)	lifa. DO NOT usa rati	red)		n	IA	
Maryland	s 1 end 2 should be filed within 72 hours after death with the Maryla Health and Mental Hygiene. tem 27 is marked other than "natural", or items 23a or 28a-f shon other traumatic event, the Medical Exammer must be notified at	To Be (17. Fathar's Nama (First, Middle, Last, John Mills	•		18. Mothar's Nar	ine (First, Middle, M	laidan Suman		
Mar	2 sho		19a. Intormant's Name/Relationship (, ,	19b. Mailing Addrass (Stre	8 .4				
Baltimore, I	00-		20a. Method of Disposition 18 Burial 2 Cramation 3 C 4 Donation 5 Other (Specif	Demoval from State Ca	12345hel aca of Disposition (Nama of matary, cramatory or othar p	Wood A			Eity or Town	
Balti	permit, Pag Department Important: I any injury o		21. Signature of Funeral Service Like	Douglas	22. Nama and Add Service 1 maryla	tress of Fecility Co.	rlton Cilloh Stre	Dougla	155 Pur	re language
	Physician		23a. Part1. Entar the disaasa, or com shock, or haart fallura. List only	plications that caused the death. one cause on each line.	. Do not antar the mode of d	ying, such es cardiad	or raspiratory arre	st,	Int	oproximata tarval Between nset end Daath
	/Medical Examiner	10	immediata Causa (Final disaasa or condition rasulting in death)		Wound of as a consequence of):	the Hea	id		1	
•	xacuted and el-transit	Examiner	Sequantially list conditions, if eny, laading to immadiata	b. Dua to (or	as a consequança ot);					
68760,	rificate be executed ng physician and as the buriel-transit	edical	Sequantially list conditions, if eny, leading to Immediate cause. Enter Undertying Causa (Disaasa or Injury that initiated avants rasulting in daeth) Last		es e consequanca of):					
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Vita	ician carific rector	Be	25. Was casa ratarred to medical axaminar?	Hospital:		Mhan	th (Check only ona			
ō	ing Phys Altor this funeral G	ion: To	1 Yas 2 No 27. Mannar of Daath 1 Natural 5 Panding	28a. Data of Injury (Month, Day Year)	28b. Time of injury W	jury at ork?	ome 5 Rasidar 28d. Dascribe how			SCENE
Division	a er dast Orector: of by the	Certification:	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicida datarmined		na, farm, straat, factory, offic	Yas 2/21No	28f. Eccation (Stre City or Town,	Stata) 200	OBILCA	outa Number,
(edical C	29a. Cartifiar (Check only one) 1 Cartifying Ph 2 Medical Exam	yaician: To tha best of my know liner: On tha basis of axaminatio and mannar statad.	Street ledga, death occurred at the on and/or invastigation, in my	time, dete end place oplnion, death occu	and dua to the cau	usa(s) and mate and place,	annar as stata	d. a causa(s)
	Torne	Mec	29b. Signatura end this of cartifiar	Marinar Stated.		nsa number			d (Month, Da)	
	1		30. Nama and addrass of person who	complated causa of death (Itam :		CME	F	EBRUA	RY 19	, 1997
			Dennes J Ch	u te mo	111 Penn St	reet Ra	ltimore	Mar	basly	21201

State Registrar 31. Data tiled (Month, Day, Year) FEB 2 4 1997

32. Registrar's Signatura



-		Decedent's Name (First, Middle, L	act)		Ce	rtifica	e of i	Death	Te	2. Date of D	Reg. No.		3. Time of Death
Physici	an									Month	Day	Year	
/Medi		Mary Ellen Fal 4a. Facility Name (If not institution, g.		heri				b. City, Tow	_	Februa		1997 ty of Deeth	11:50 AM
Examir	ner	Bel Forest Nursi			ation	Conto							
Firment	-				last birthday)		1 Yeer	Fores				ford	place /State or Ecroise
Funerai Director		213-10-6050	1□M 201F	79	Yrs.	Months	Days	Hours	Min.	Month, Dar. 1,	ay, Year) 1017	Cou Ral+	place (State or Foreign ntry) Simore City
		Usual Residence of Decedant		70					1	lar. I	101/	Date	Timore City
MO W		10a. State 10b. County		10c. Ci	ty, Town or Lo	ocation					- 16		10d. inside City Limits
iene. rthan "naturel", or items 23a or 28a-f show The Madical Examinet must be notified at	to	Maryland Baltimor	e City	Ba	ltimor	e Cit	y						1 No Yes 2 No
ene. than "naturel", or items 23a or 28a-f show ne Medical Examiner must be notified at	Director	10e. Straet and Number				10f. Zij	Code				10g. Citizen o	f What Cou	ntry?
238	a D	5719 Plainfield	Avenue				2120	6			U.S.A		
25	Funeral	11. Marital Status	12. Was Deced	ent Ever in U	l,S. 13.			ispanic Origi in, Mexican,	n? (Speci	ify Yes or N		aca - Ameri	
or he		1 Never Married 2 Married	1 ☐ Yes 2	☑ No					Puerto Hi	can, etc.)		ack, White	etc.
- 2	by	3 ☑ Widowed 4 ☐ Divorcad	if Yes, Give Year or Det	es:		1 🗆 Yes	2 DX No	Specify:			Spec	Wh	ite
log l	Completed	15. Decedent's E (Specify only highest gi	ducation		16a. Dece	dent's Usu	al Occupi	ation during most o	nd sometrine		16b. Kind of		
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marked other than umatic event, the M	00	6th.	n/a		Teach	ners	aid				Educa	tion	
od other event, I	Be (17. Father's Name (First, Middle, Las	t)					18. Mother's	s Nama (First, Middle	, Maiden Suma	ime)	
marked matic e	To	William Deise						Mary	Bro	sh			
7 is marke treumatic		19a. Informant's Name/Relationship	(Type, Print)		19b. Maille	ng Addras	(Street	and Number	or Rural I	Route Numb	per, City or Tow	n, State, Zi	o Code)
CV to		Shirley Muddima	n (Daught	er)	814	Van	Dyke	Lane	Bel	Air, I	Md. 210	14	
= 0		20a. Method of Disposition			Placa of Dispo	sition (Na	ne of	(a)		Date	20c. Location	- City or T	own, State
		1 Burial 2 Cremation 3 4 Donation 5 Other (Spec	JRemoval from St ifv)	ate	ly Red				21.1	997	Baltim	ore M	aryland
Important: any injury once.		21. Signature of Funeral Service Lice		110	22	2. Name er	d Addres	s of Fecility				010,	d1 y 14.74
important: h any injury o		10.95	1	1				ahn Fu					
		23a Part 1 Enter the dispess of con	nnliketions that can	red the deat	b Do not ent	1750	Bela	ir Rd.	Ki	ngsvi	lle, Md	. 210	87
		23a. Part1. Enter the disease, of conshock, or heart failure. List only	one cause on eac	h line.	ii. Do not ent	er the mo.	e or dynn	g, such as ce	ardiac or i	raspiratory a	irrast,	1	Approximata Interval Batwean Onset end Death
ysiclan ledicai		Immediate Ceuse (Finel	Le	PIPI	ا . ساسیدا		OA	EUMI	0111	al .			2 501/6
aminer	7	disease or condition resulting in death)	a. //	PTION	TION		01	re rui	VIVA	4			1-17475
	ē			Dua to (d	or as a consac	nsaquanca of):							
ansit	Examiner		b	Dun to /o		, ,						i	
n end ial-tra	Exa	Sequentially list conditions, if eny, leading to immediate cause. Enter Undarlying Cause (Diseasa or Injury		Due to (or as a consequence of):									
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D 65	Pa	resulting In death) Last		Due to (o	r as a conseq	uerice or):							
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d for	Physician/N	Part ii. Other significant conditions	contributing to deal	h hut not ree	ulting In the u	ndarhilan c	auga aku	no in Bost I		osh Did	tohanna usa n	antelbute t	o the causa of death?
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signed be de	by P	CHIRONIE OF	BOTRUC	AIVE	007	WN	TWP	TH SE	SATURE		2010	•	Jan, Alacination
been sig								•		24a. Was	en autopsy		ere autopsy findings
need s	Set									pend	ormed?	CC	railabla prior to empletion of cause deeth?
ate has page 2	Completed										Yes 28 No		
		25. Was case referred to medical						00 51				1	☐ Yes 2☐ No
director,	o Be	examiner?	Hospitel:	-414 0	ED/O + -1'		Othe			Check only			
r this	: To	27. Mannar of Daath	28a. Data of		ER/Outpatien 28b. Tima of				1		dence 8 0		y)
Afte	tor	1 Naturai 5 Panding 2 Accidant investigation	(Month,	Day Year)	Injury	М	8c. Injury Work	k? Yes 2 ☐ No			non injury cool		
Director:	flea	3 Suicide 6 Could not b	00 Diago of	injury - At he	ome, farm, str					f. Location /	Street and Num	ber or Run	al Routa Number,
d in	Certification:	4 ☐ Homicida detarmined		etc. (Specif						City or To			
neral / fillex		29a. Certifler Certifying Pt	nysician: To the be	st of my kno	wledga, death	occurred	at the tim	e, date and	place, and	d due to the	cause(s) and n	nanner as s	tated.
• Fu	edicai	(Check only 2 Medical Example)	miner: On the basi end manner	s of examina	tion and/or Inv	estigation	in my op	oinlon, death	occurred	at the time,	date end place	, and due t	o the cause(s)
To the Funeral Director: After thi completely filled in by the funeral	Me	29b. Signature end title of certifier		_	-	290	. License	number			29d. Date sign	ed (Month,	Dey, Year)
		Ausune	volon	slo	no		DO	809	6		FABKU.	ARK 1	9,1997
	-		completed cause of					- 1				7 1 1	// /

State Registrar

31. Dete filed (Month Bay 2 ear) 1997

A Name and address of person who complated cause of death (Itam 23a) (Type, Print)

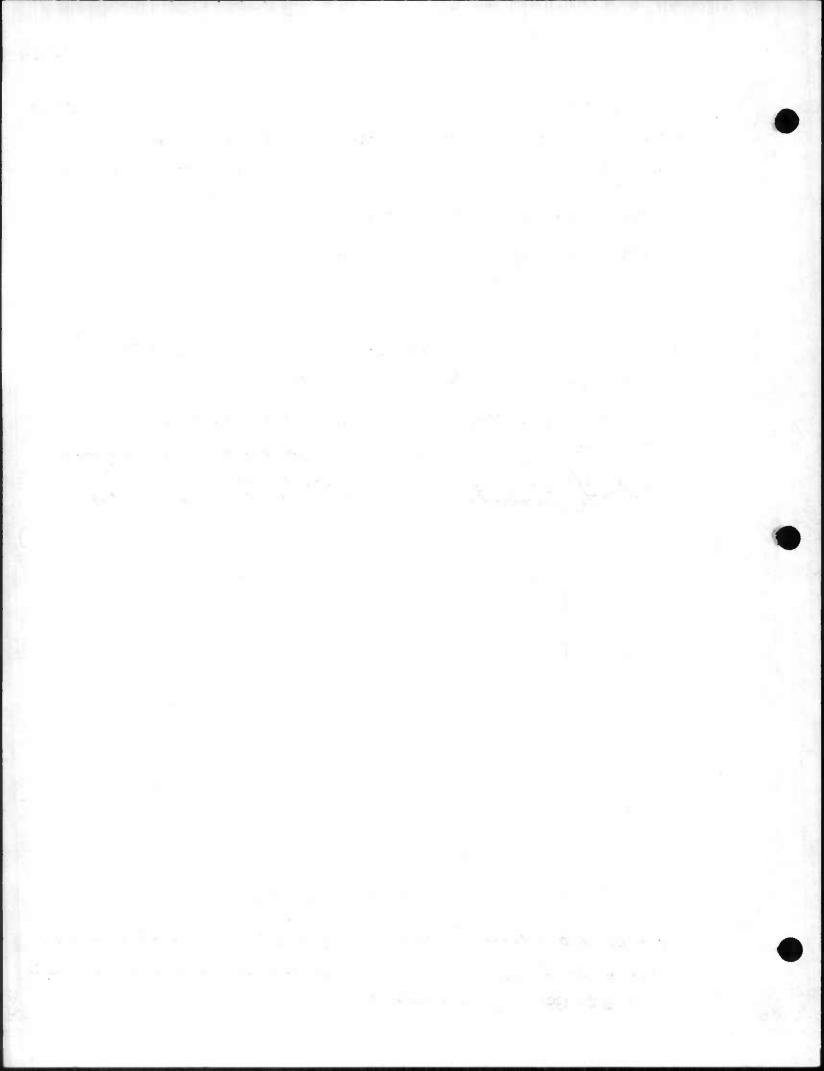
HNDRON NOWAKENSKI UND 125 N, MAHN ST. BET AIR, ND 21011
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32. Registrar's Monature

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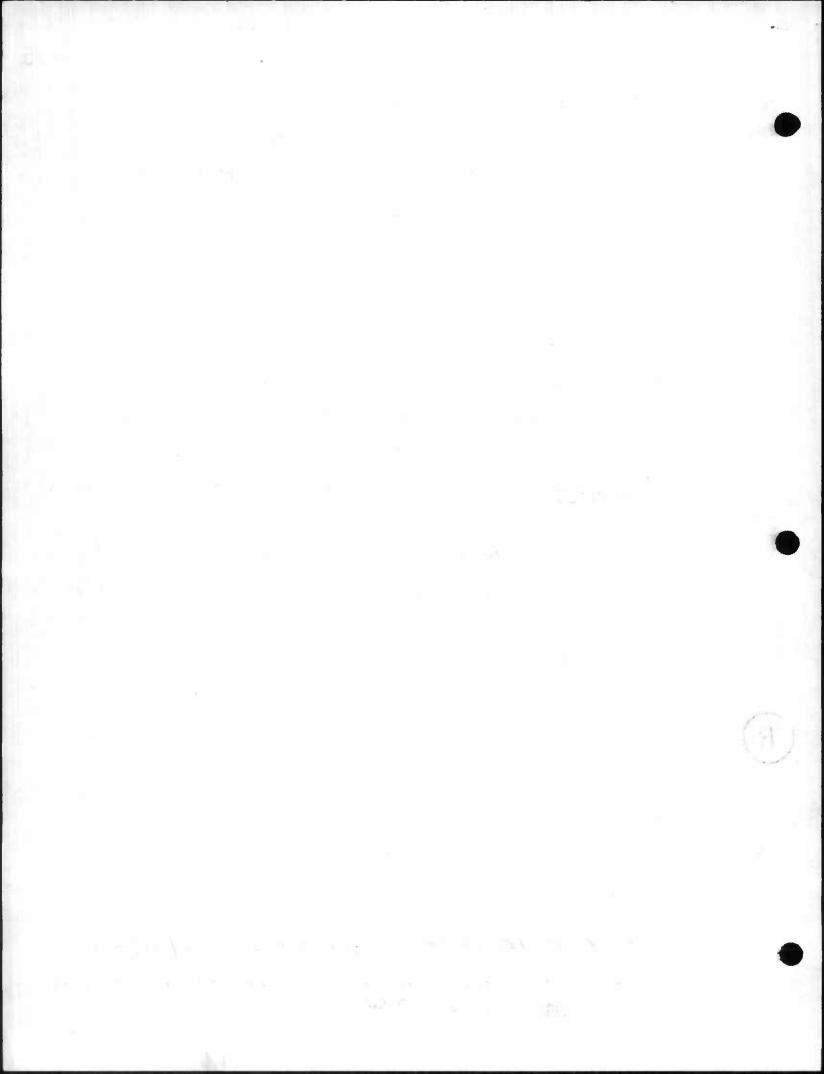
32. Registrar's Monature

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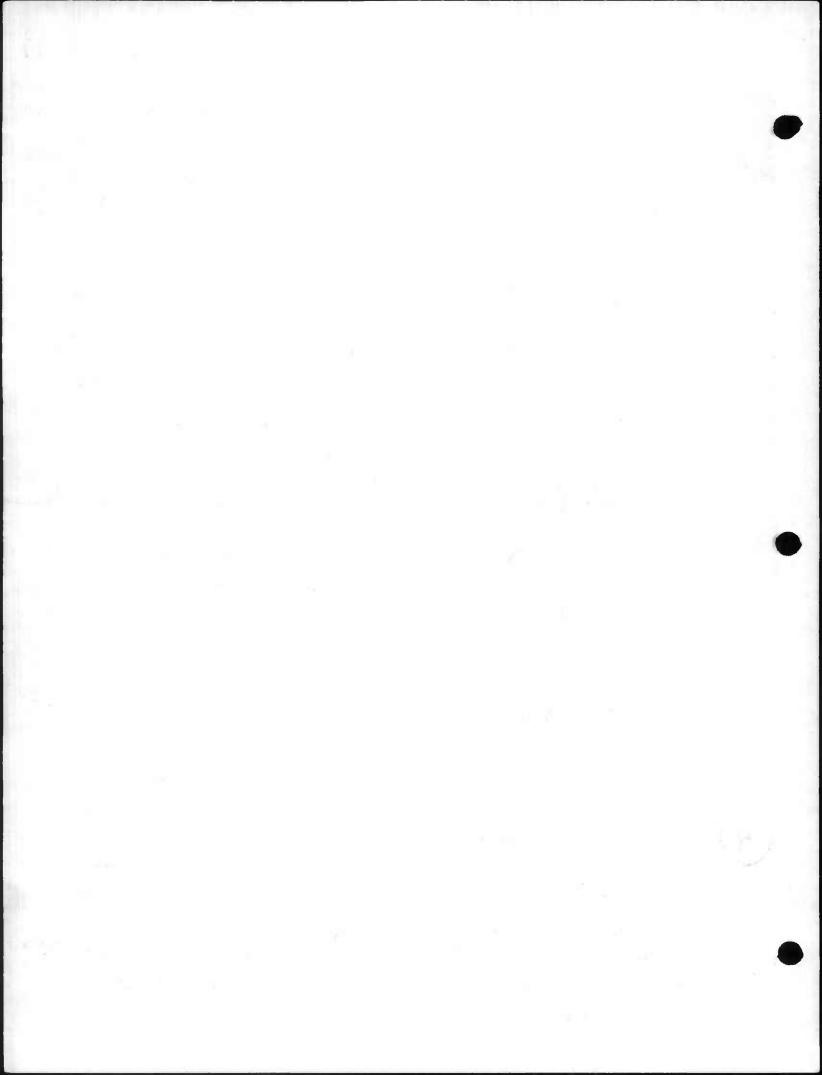
05305

			Certificate of Death Reg. No.											0000
Physic /Med		ian	1. Decedant's Nama (First, Middla, Last)								2. Dete of Death Month		Year	3. Time of Daath
			WIIIIam Kichard Tazenbaker III							Feb	. 20			2:30am
ri P	Exami	ner	4a. Facility Name (If not institution, give streat and number) 4803 Cowson Ave.						b. City, Town, or Location of Das Baltimore			4c. County of Death		
et.	Funeral Director		5. Social Security Numbar 218-54-3619 Usual Residence of Dacedant	ATT IN A THE	7. Age (In yrs. last birthday) 4.6 Yrs. Months Da			ear ays	if Undar 24 Hours	vin. (Mon	of Birth th, Day, Ya 28	1950	9. Birthp Coun Mar	olece (Stata or Foreigr otry) Cyland
altimore, Maryland 21215-0020	Maryland a-f show	ctor	10e. State 10b. County 10c. City, Town or Location							1	0d. Insida City Limits 1 X Yas 2 □ No			
	th with the 23a or 28	Funeral Director	10e. Straet and Number 4803 Cowson		10f. Zip Code			1212			10g. Citizen of What Country? USA			
	Pages 1 and 2 should be filed within 72 hours after death with the Manyland nent of Health and Mental Hyglena. int: if Item 27 Is marked other than "natural", or items 23a or 28a-f show ant; if Item 27 Is marked other than "natural", or items 23a or 28a-f show any or other traumatic event, the Modreal Exercities must be notified at	by	11. Maritel Status 1 ☒ Navar Marriad 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Evar in U,S. 13. Was Dacedant of if Yas, specify C 1 □ Yes X N				f Hispanic Origin? (Specify Yes or No uban, Maxican, Puerto Ricen, atc.) to Specify:			14. Rece - American Indian, Black, Whita, atc. Specify: White			
		ieted	15. Decedant's Education (Specify only highast grada complated) Elementery/Secondary (0-12) College (1-4or 5-12 yrs 4 yrs		16a	16a. Dacadant's Usual O (Give kind of work d life. DO NOT usa n			ne during most of working			16b. Kind of Business/industry		
		Completed			5+)		Nurse					ospi	tal	
		To Be	17. Fether's Nema (First, Middle, Le William R. Fa	II					18. Mothar's Nama (First, Middle, Malde, Leona Fitzpa					
			19a. Informant's Name/Raiationship Andrew Fazer							al Routa Number, City or Town, Stata, Zip Coda) Colgate Md. 21224				
			20a. Mathod of Disposition 1 Durial 2 Cramation 3 4 Donation 5 Other (Special Control of Control		20b. Place of command Metro	b. Place of Disposition (Nama of comatary, crematory or other p Ietro Cremato			e) ?	Data 2-21			Location - City or Town, Stata	
Balt	permit. Pages Department of Important: If It any injury or once.		21. Signature of Furnerel Service Licensea 22. Nama and Address of Facility Connelly Funeral Home Of								Of 1	Dundalk		
Q\$*	Physician		23a. Part. Enter tha disaasa, or compilications that caused tha daath. Do not entar tha moda of dying, such as cardiac or respiretory arrast, shock, or heart failura. List only one cause on aech lina. Approximate Interval Batween Onsat end Deeth immediata Causa (Final disaasa or condition rasulting in daath) Due to (or es a consequence of):											
	/Medical Examiner													
pcords, P.o. Bo	P #	iner		. #	IV d			,						2 years 6 years
	ertificate be axecuted fing physician and ie as the burial-transit	i Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury that initiated avants resulting in death) Last Due to (or as a consequence of):											
	eath certificate be axecuted attending physician and for use as the burlat-transit	/Medica												
	death cer e attendir ed for use	Physician	Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse of						van in Part i. 23b. Did tobacco use contribute to the c				the cause of death?	
	Med by it	by Phy							1 Yes 2 No 3 Probably 4 Unknown					
	2 should t	Completed I								24a.	Was an au parformed	itopsy ?	ava	ara sutopsy findings sllable prior to mpletion of causa daath?
	ysician: The is certificate his director, paga										1 ☐ Yas	2 200	1 🗆	Yas 2□ No
>	Physician: The tribic certificate ral director, pag	2	25. Was casa rafarred to medical axaminar? 1. Type 2004b 26. Place of Death (Check only one) 1. Type 2004b											
ב	Ing Ph Therth Inneral		1 Yas 2 5 6 27. Manner of Death Natural 5 Panding 2 Accident invastigati	28e. Date of injur (Month, Day	1 Inpatient 2 ER/Outpetient 3 DOA Outpetient 4 Nursing Homa 5 Strain and English See. Date of injury (Month, Day Yaar) 28b. Tima of Injury 28c. Injury et Work? 1 Yas 2 No								/)	
		Certification:	3 Suicida 6 Could not datarmine	20a. Placa of Inju	28a. Placa of Injury - At homa, farm, street, factory, office building, atc. (Specify) 281. Location (Street and Number or Rural Routa Number, City or Town, Stata)									
	To the Hospital or Attend within 24 hours after death To the Funeral Director:, completely filled in by the	edicai C	29a. Cartifiar (Check only one) Check only one) Check only one) Check only one) Check only one) Check only one) Check only one) Check only one) Check only one Check											
	To th Withir To th comp	Me	29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month								d (Month, L	Day, Year)		
1) may = stande D14383 2/21/9								19	7		
	7			standife	nd n	D	Bai	14,	more	VAM	edic	a (enter	, Masto
	Sta Registr		31. Date filed (Month, Day, Year) FEB 24 15	97 32. Hodsty	n nantayev	- Pan	dell							



				Ce	rtificat	e of Death		Reg. No.		
Physic /Medi	cal	1. Decedent's Name (First, Middle, La	F. Gor	e			2. Data of De Month	Day	Yeer 19 <i>9</i> 7	3. Time of Deeth
Exami	ner	4e. Fecility Neme (If not Institution, git North west H	1	Con	10-	4b. City, Town, or Randalls		, , , , , , , , , , , , , , , , , , , ,	of Deeth altim	ora
Funeral Director		5. Social Security Number 6.	Sex 7. Age (In yrs	e. lest birthday) Yrs.	if Unda Months	r 1 Yaar If Under 24 Hrs Days Hours Min	8. Data of Bir			lace (Stete or Foreign
Maryland Ff show	tor	10a. State 10b. County Maryland Baltin		ity, Town or Lo	ocation	Woodlawn			10	0d. Inside City Limits
th with the 23a or 28a	Funeral Director	10e. Street end Number 2408 Potterfield	Rd.		10f. Zip	21244		10g. Citizen of United		
Nore, Maryland 21215-0020 ges 1 and 2 should be filed within 72 hours effer death with the Maryland it of Heelth and Mental Hygiene. If Item 27 is marked other than "natural", or Items 23a or 28s-1 show or other treumstic event, the Medical Exeminat must be notified as	by	11. Maritai Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in Armed Forcas? 1 X Yes 2 No If Yes, Give Year or Dates:	- 1		dent of Hispenic Origin? (Scify Cuban, Mexican, Puer	Specify Yas or No to Rican, atc.)	14. Rac Bie Specify	e - America ck, Whita, a /: W	
21215-0020 d within 72 hours ef giene. rr then "neturei", or	Completed	15. Decedent's E (Specify only highest gri Elementary/Secondary (0-12)	ducation ade completed) College (1-4or 5+)	16a. Dece (Give life.	dent's Usu kind of wo DO NOT u	el Occupation ork done during most of wo se retired) CCTOR	rking	16b. Kind of B		lustry ernment
yland 2 yuld be filed Mental Hygi arkad other	To Be Co	17. Fethar's Nema (First, Middle, Last Lawrence	0.	Gore		18. Mother's Ne Sarah	me (First, Middle,		16)	irfax
e, Maryland 1 and 2 should be file 1 and 2 should be file 1 and 2 should be file 1 and Mental Hy 1 is marked ther traumatic event		19e. Informant's Name/Relationship				s (Street end Number or R				Code) 244
Baltimore, permit. Pages 1a Department of Hee Important: If Item any Injury or othe once.		20a. Method of Disposition 1 Burial 2 Ceremetion 3 4 Donetion 5 Other (Special	Transoval Ironi State	Place of Dispo cometery, cres	netory or control	me of other plece) rematory 2/	Dete 21/97	20c. Location - Baltin		
Physician /Medical Examiner	Examiner	23a. Pert1. Enter the disease, or comshock, or heert feilure. List only Immediate Ceuse (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause, (Disease or injury	a. atherosco Due to	th. Do not en	c cquenca of):	Green Pasture de of dying, such as cardia Cardio V A Card V V A	c or raspiratory a	rrest,		Approximate Interval Between Onset and Death
death certificate be executed the attending physician and of for use as the burial-transit.	Medical	cause. Enter Underlying Cause (Disease or injury that initiated avents resulting in death) Lest	C Due to (or es e conseq	juance of):					
P.O. hat the deteched	by Physician/I	Pert II. Other significant conditions of Renal Jan 1	a contract of	-	nderlying o	euse given In Pert I.		tobacco use co Yes 2□ No		the cause of death:
1eCOrd	Completed b	Kenal Jail	docardad	Ś			perfo	an autopsy med?	ava con of d	re autopsy findings allable prior to npletion of cause death?
n: The	Φ	25. Wes case referred to medical				26 Place of Do	ath (Check only o		1	Yes 2 No
	ToB	exeminer?	Hospital: 1 Inpatient 25	ER/Outpatier	nt 3 DC	Othor	dome 5 Resid		er (Specify	DOA
Division of an area for the party of an area for the party of the part	Certification:	27. Manner of Deeth 11 Naturel 5 Pending 2 Accident investigation 3 Suicide 6 Could not b		28b. Time of Injury	M 2	28c. Injury at Work? 1 ☐ Yes 2 ☐ No		now injury occur		
		4 Homlcide determined	building, etc. (Spec	ify)			City or To			
the Hospita nin 24 hours the Funeral npletely fille	edical	29a. Certifier 1 Certifying Ph (Check only one) 2 Medical Example	ysician: To the best of my kn ninar: On the basis of examin- end manner steted.	owledge, death etion end/or in	n occurred vestigation	at the time, dete end plece , In my opinion, deeth occi	e, end due to the urred et the time,	ceuse(s) end me dete end plece,	enner as sta end due to	ated. the cause(s)
To the To the Company	Me	296. Signature and title of certifier	2 Gon	_	290	DIS 873		29d. Date signe		
VXI		30. Name and address of person who	BUB 722	e Pa		DIST 878	Ave	8/20	8	
Sta	ite	31. Dete filed (Month, Day, Year)	32. Registrer's Sign	ature						

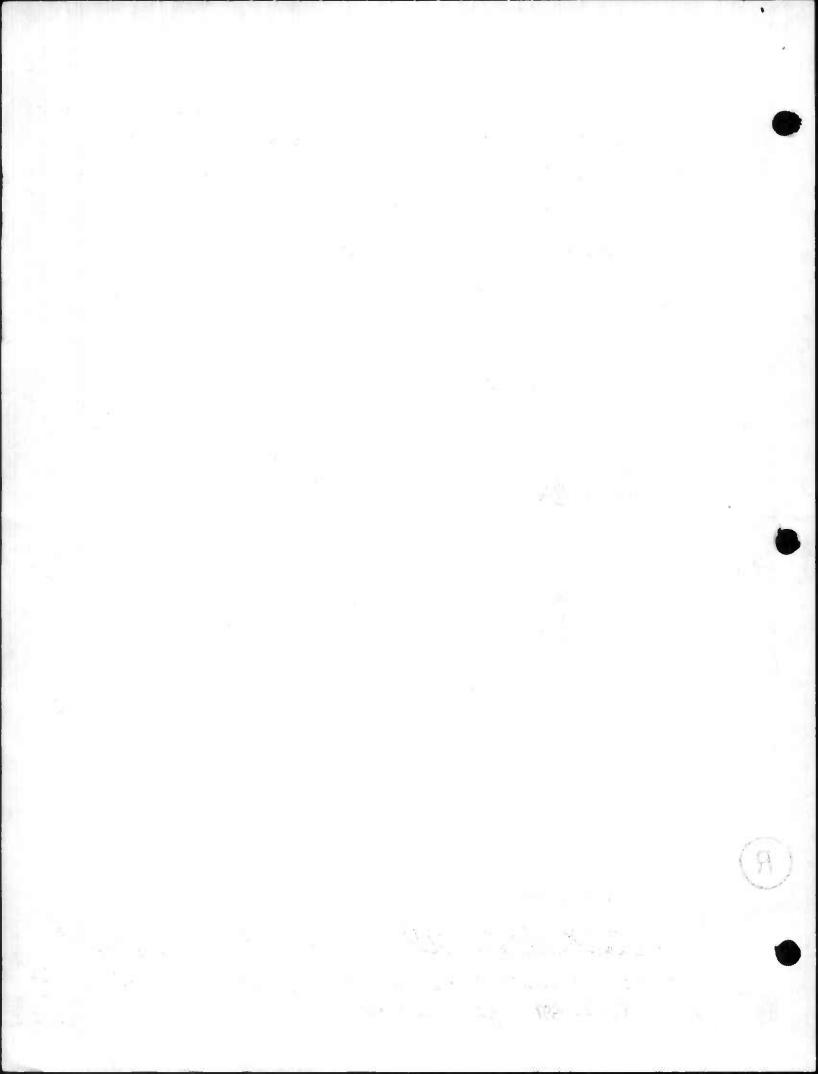
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

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					(Certificat	te of	Death			Reg. No.		00000
Dhysia	ion	1. Decedant's Nama (First, Mid							2	2. Data of De Month	ath Day	Yaar	3. Tima of Death
Physic /Medi		Agnes Gabri	el						F		9, 199	7	8:00am
Exami	ner	4a. Facility Nama (If not instituti						4b. City, To	wn, or Loca	ation of Death			
	,	Genesis Mult	+					Tows				imor	ce
Funeral Director		5. Social Sacurity Number 220-05-2585 Usual Rasidance of Dacedent	6. Sax 1□ M 2X F	7. Age	4 (In yrs. last birth	Months	r 1 Yaar Days		Min.	. Data of Bird (Month, Da ec13,	th y, Year) 1902	9. Birthp Cour Hunc	olaca (Stata or Foraigi otry) Jary
Aarylend f show	ō	10a. Stata 10b. Count	y timore		10c. City, Town							1	0d. Insida City Limits
with the Page of 28a-	Director	10e. Street and Number 7021 Fifth A	ve.				Coda	2.			10g. Citizan of USA	What Cour	
72 hours efter deeth with the Maryland "naturel", or items 23a or 28a-f show adical Exaciting be notified at	by Funeral	11. Marital Status 1 Navar Married 2 Ma 3 Widowed 4 Divorce	It Vac G	Forcas? 2X1N Biva		13. Was Dece	dant of I	Hispanic Ori ean, Maxicen	gin? (Speci n, Puarto Ri	ify Yas or No ican, atc.)	- 14. Rac Bla	ce - Amaric ck, Whita, y: Whi	atc.
nd 2 should be filed within 72 hours eff lith end Mental Hygiene. 27 Is merked other than "naturel", or traumatic event, the Medical Exam.	Completed	15. Deceda (Specify only high Elemantary/Sacondary (0-12) 6 VYS	nt's Education ast grada complated Collage			Pecedant's Usu Giva kind of wo ife. DO NOT u	ork dona sa retire	during most	t of working	7	16b. Kind of B		
should be filed a and Mental Hygie s marked other i	To Be Co	17. Fathar's Nama (First, Middle	Milet:	its			cool		ır's Nama (First, Middla.	Maidan Sumar Farko		
should by and Menta	-	19a. Intormant's Name/Relation	ship (Typa, Print)		19b. N	Malling Addrass	s (Street	and Numbe	er or Rural I	Routa Numbe	er, City or Town	Stata. Zio	(Code)
s 1 and 2 should f Health and Men fem 27 is marke other traumatic		Deborah Warf											
Demit. Pages 1 er Department of Hea mportant: if Item in Injury or other any Injury or other		20a. Mathod of Disposition 1		n Stata	20b. Place of D cematary, Sacred	cramatory or o	าเกล r ก เล	COL		Data -20	ona Fl		own, Stata
permit. Pages 1 end 2 Department of Health Important: If Item 27 is any injury or other tre once.		4 □ Donation 5 □ Other (Specify)		Sacred	22. Nama ar	nd Addra	ss of Facilit	v		Dunda		
Depa Impo any ic		Atting he	las					-			ome Of		
		23a Part Enter the disease, of heart failure. Lis	or complications that	ceused	tha daath. Do no	t antar Iha mod	da of dyl	ng, such as	cerdiac or i	raspiratory ar	rest,	1222	Approximata Interval Between
Cartificate be executed directly be executed directly be as the buriel-transit	/Medical Examiner	immediata Causa (Final disaasa or condition rasulting in daath) Sequantially list conditions, if any, leading to Immediate ceuse. Enter Undarlying Causa (Disaasa or Injury that Initiated evants	a	1	Dua to (or as a co	nsequance of):		118	*				
Se din Se		resulting in death) Last	d		Dua to (or as a cor	nsequance ot):						1	
death e atter	icia	Part il. Other significant conditi	ons contributing to	death bu	t not rasulting in ti	ha undarlying c	eusa air	van in Part I		23h Did t	obacco usa co	ntribute to	the cause of death?
requires thet the death of the steen signed by the attenhould be deteched for u	by Physician											3 Prof	.1
ew est 2 s	Completed										an autopsy rmed?	ave	ara autopsy findings ellable prior to mpletion of ceusa daath?
The The page	Con									101	as 25 No	10	Yas 2 No
lcian: The	Be (25. Was cesa ratarred to medica axaminar?					1		of Death (Check only o	na)		
Physician: this certific ral director,	2	1 ☐ Yas 2 💢 No			nt 2 ER/Outp		-	4 LANU			dance 6 Oth		y)
not la Physician: The I	ation:	E LI Modidoni	igation	ot Injun	Year) 28b. Tin Inju	na of 2 iry M	28c. Injui Woi 1 🗆	ryat rk? Yes 2□t		d. Dascribe h	now Injury occur	red	
od in by t	Certification:	3 ☐ Sulcida 6 ☐ Could determ	nined 288. Plac	e of Injuding, atc.	ry - At homa, farm . (Specify)	, street, factor	y, office		28	f. Location (S City or Tow		per or Rura	i Routa Number,
To the Hospital within 24 hours To the Function	edicai	29a. Cartifier (Check only one)	ng Physician: To the Examiner: On tha b and mai	basis of	examination and/o	leath occurred or investigation	at the tir , in my c	me, date and opinion, daat	d place, and th occurred	d due to the d at the time, d	cause(s) and mi	anner as st end dua to	ated. tha cause(s)
To the within 2 To the comple	M	29b. Signatura and titla of certification of certificatio	000	&	elf		D3	sa number	08	*	29d. Data signe	120	Day Mearly
1,		30. Name end address of person 4000 0 00	Court	K	OAD	Selita	52	OB	BA	HA	1015	MI	DZ1208
Sta Registr	_	31. Data filed (Month, Day, Year FEB 2 4	1997	Ragistra	Davidson-	Pandelle							



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Day **Physician** HOWARD FEBUARY 1997 SAMUEL 22 2:35 pm /Medical 4a. Facility Name (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Aga (In yrs. lest birthday) If Undar 1 Yaar If Under 24 Hrs. 6. Sex Birthpleca (State or Foraign Country) **Funeral** 12 M 2 F Days Hours 6 9rrs. 2 1/7-1/2-1759 Usuai Residence of Decedant March 22,1927 Florence South Cardina Director 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show must be notified at Maryland 1 Yes 2 No Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 6 USA items 23a 2/223 Funeral filed within 72 hours after death Wes Decedent Ever in U,S. Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Datas: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indian, Biack, White, etc. the Medical Examined 1 Never Married 2 Married altimore, Maryland 21215-0020 6 1 ☐ Yes 2 No Specify: Specify: Black þ 3 Widowed 4 Divorced nd Mentei Hygiene. marked other than "natural", Completed 15. Decedent's Education (Specify only highest grada complated) 16a. Decedant's Usuei Occupetion 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Etementary/Secondary (0-12) College (1-4or 5+) 8th Laborer ionstruction nIA 17. Fether's Nema (First, Middla, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Be Pages 1 and 2 should be Department of Health end Mentel Important: If frem 27 is marked or any injury or other traumatic evence. Alexander Howard 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19e. Informant's Neme/Reletionship (Type, Print) Mary Louise Thompson Dous Her 5703 Fenwerk Avenue, Baltimere M. 91239

20e. Method of Disposition

20b. Pieca of Disposition (Neme of cemetery, crematory or other piece)

Dete 20c. Location - City or Town cemetery, crematory or other piece) 20c. Location - City or Town, Stata march 1 Buriai 2 ☐ Cremetion 3 ☐ Removei from State northujew Cemetory 4 ☐ Donetion 5 ☐ Other (Specify) Plorence, South Corolina 21. Signeture of Funerel Service Licent 22. Name end Address of Facility Carlton C. Douglass Funera Service, 1701 McCulloh Street, Boltimore, Mc a 23a. Pert 1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heer failura. List only one cause on each fine. Approximate Intervel Between Onset end Deeth Physician /Medical Immediate Cause (Finel 1 week CARDIOMYOPATHY diseese or condition resulting in deeth) **Examiner** Due to (or es a consequence of) Examiner 30 years ALCOHAL ABUSE The law requires that the deeth certificate be axecuted Sequentially list conditions, if any, leeding to immadiate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Last Due to (or as e consequenca of): physician s the burie Records, P.O. Box 68760 Physician/Medicai Dua to (or es a consequence of): for usa as the bed Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yee 2 No 3 Probably 4 Unknown C.O.P.D., ALCOHALIC HEPATITIS, þ cate has been sig 24b. Were autopsy findings available prior to complation of causa of death? Completed 24a. Wes en eutopsy performed? HEPATORENAL SYNDROM 1 Yes 2 No 1 ☐ Yes 2 1 No certificate Division of Vital Amending Physician: Be 25. Wes case referred to medical 28. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospital: 1 ☑ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA P 1 Yes 2 No After this funeral 28e. Dete of Injury (Month, Dey Year) 27. Mennar of Deeth 28b. Tima of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 1 Netural 5 Pending investigation 1 Yes 2 No 2 Accident NA NA NA 3 Sulcide 8 Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, Stete) 4 Homicide 12 Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, dete end ptece, and dua to the cause(s) end menner es steted.
2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, death occurred et the time, dete end piace, and due to the cause(s) end menner stated. 29a. Certifier 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) Nolan was February 23, 1997 D25010 30. Ner/e end eddress of person who completed cause of death (Item 23e) (Type, Print)

8035A Harford Rd., Baltimore, Md.

21234

DHMH 16 Rev 6/95

State Registrar Serena R.

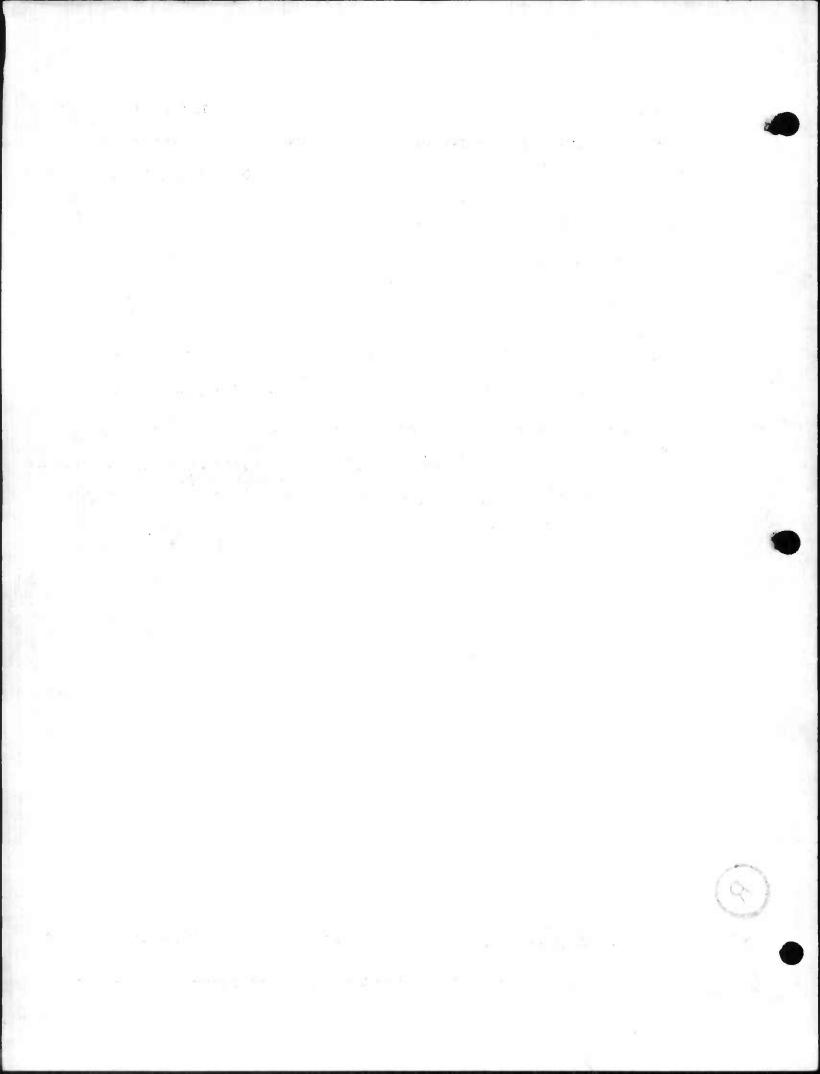
31. Date filed (Month, Dev. Year)

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Nolan,

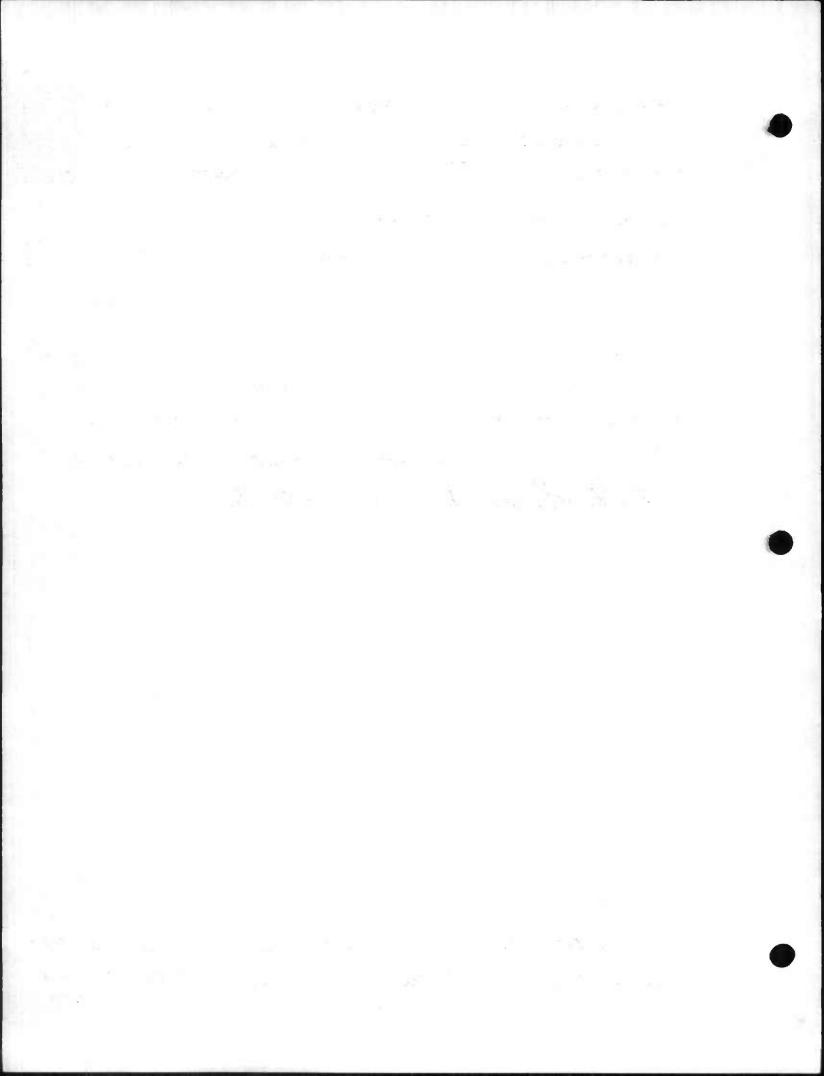
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32. Registrer's Signeture



			State of Maryla	•	tment of F ficate of		,,	iene (97 05	310
Physic /Medi Examlı	cal	1. Decedent's Name (First, Middle, Last E	M	Hof	fa	4b. City, Town, or L	2. Date of Death		Year 7 11	45 AM
Funeral Director		212-07-4232		. last birthdey)	If Under 1 Year Months Deys	BelAir If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Dey, Oct. 18,		ford ^{9. Birthplace (Ste Country)} Baltimor	ete or Foreign
Meryland H show	tor	Usual Residence of Decedent 10a. State 10b. County Maryland Baltimor		ity, Town or Loca Kings vil						le City Limits
with the	Director	10e. Street and Number 2 Vista View Cour			10f. Zip Code 2108	7	10	Og. Citizen of V		
within 72 hours after death with the Meryland ene. than "netural", or items 23e or 28e4 show he Medical Exercises coust be skillfied at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 2 Widowed 4 Divorced	12. Was Decedent Ever in the Armed Forces? 1 ☐ Yes 2 ☑ No if Yes, Give Yeer or Dates:			lispanic Origin? (Span, Mexican, Puerto	pecify Yes or No- Rican, etc.)	14. Raci	e - American indle k, White, etc.	n,
	Completed	15. Decedent's Edu (Specify only highest grad Elementery/Secondary (0-12) 8th.			nt's Usuel Occup nd of work done o NOT use retired	eation during most of world)	king		ds Paint	Co.
S a s	To Be C	17. Fether's Name (First, Middle, Last) Richard Haslbeck			·	18. Mother's Nam Pauline	e (First, Middle, Me Roth			
nd 2 sh alth and 27 is m r traum		19a. Intormant's Neme/Relationship (Ty Mr. Charles R. Hoi	fa (Son)	2 Vis	ta View	and Number or Ru Court k				
S O H		20a. Method of Disposition 1 ☑ Buriai 2 ☐ Cremation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify)	emoval from State	Place of Disposition cometery, creme cred Heart	tory or other plac	cem.Feb.20			City or Town, State, e, Maryland	
permit. Peg Department Important: any Injury once.		21. Signature of Funerel Service Licenta	anda)	E.	leme end Addre F. Lassah 750 Belair	nn Funeral I	Home Kingsville	MH 210	197	
death certificate be executed Medical Examine and terminal transit and for use as the buriel-transit	an/Medical Examiner	23a. Part1. Enter the disease, or complishook, or heert teilure. List only of shock, or heert teilure. List only of shock, or heert teilure. List only of shock or heert teilure. List only of shock or condition resulting in death) Sequentially list conditions, it eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	Penn phe Due to Dinbets						Onset a	Between and Death
that the c ed by the detached	y Physician/M	Pert II. Other significant conditions con	tributing to death but not re-	suiting in the unde	erlying cause giv	en In Pert I.		bacco use cor	3 Probably	se of death
aw requii	Completed by						24a. Was er perform		24b. Were autop available pr completion of death?	rior to
Physician: The lattic trial contribute he ral director, page	Be	25. Was case referred to medical examiner?	lospitai:		ou Oth	20	1 ☐ Ye	8)	- AMI	2□ No
ing Phys	Certification: To	27. Manner of Death Naturai 5 Pending 2 Accident investigation 3 Sulcide 6 Could not be	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Injun Work	4 Lynursing Ho	ome 5 ☐ Reside 28d. Describe ho	w injury occurr	ed	Number
Patrice		4 Homicide determined	28e. Place of injury - At I building, etc. (Special contents)	ify)		ne, date and piece	City or Town	, State)	er or Rural Route I	varinger,
To the Hospital within 24 hours of To the Funeral I completely filled	Medical	(Check only one) 2 Medical Examir one) 29b. Signature and title of certifier	ner: On the basis of examination and menner steted.	etion end/or inves	tigation, in my o	pinion, death occur	red et the time, da	ate and piace, a	Month Day Yes	10
		30. Name and address of person who co	mpleted cause of death (Ite	m 23a) (Type, Pri	nt) Au1	4652 Suit	e 101	Bel Air	- Mary la	ind
Sta Registr		31. Dete filed (Month, Day, Year) FEB 2 4 1997	32 Registrars Sign	ature Randel	b	9411	. ,0,		210	14

DHMH 16 Rev 6/95



Please Type or Print in Black indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth ichard Feb oua 4e. Facility Name (If not Institution, give street and number, 4b. City, Town, or Location of Death 4c. County of Death St. Agnes Hospital Baltimore Hours Min. 8. Date of Birth (Month, Dey, Year) Sept. 22, 1931 Pennsylvania 7. Age (In yrs. last birthday) If Under 1 Year 5. Sociel Security Number 6. Sex 9. Birthplace (State or Foreign 1√2 M 2□ F Deys Yrs. 217-26-8912 65 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yes 2 ☐ No Maryland Baltimore Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 14 A Ridgebury Court 21244 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Never Married 2 Married Specify: White 1 ☐ Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Earnings & Review Clerk Social Security 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Cecil Earl Hood Rosa May Auer 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 303 Maiden Choice Lane Catonsville, Maryland 21228 Dorothy Wiest (Sister) 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Suriel 2 Cremation 3 Removel from State Pikesville Maryland 4 ☐ Donation 5 ☐ Other (Specify) Druid Ridge Cemetery 26 1997 21. Signature of Funerel Service Licensee 22. Name end Address of Fecility Witzke Funeral Home of Catonsville, Inc. 1630 Edmondson Avenue Catonsville, Maryland 21228 23a. Pert1. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such es cardiec or respiratory arrest, shock, or heert feilure. List only one cause on each line. Approximate Intervel Between Onset end Deeth Immediate Cause (Final SEPSIS disease or condition resulting in deeth) Due to (or es e consequence of): 2 weeks NEUTROPENIA Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown RECTAL 24b. Were eutopsy findings availeble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? 2 PNo 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner?

Physician /Medicai Examiner

Physician

/Medical

Examiner

10e Stete

Funeral

Director

28a-f show

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Items 23a

should be filed within 72 hours efter on Mental Hygiene.
marked other than "natural", or Item

permit. Pages 1 and 2 should be file Depertment of Health and Mental Hy Important: if Item 27 Is marked other any Injury or other traumatic event once.

Baltimore, Maryland 21215-0020

the Medical Examiner must be notified at

Director

by

Completed

Be

physician and s the burief-transit à signed b page 2 certificate director, this

The law requires that the deeth certificate be executed

Box 68760

P.O.

Records,

of Vital Physician:

sion

Physician/Medical à Be Completed 27. Menner of Death

Examiner

Medical Certification: To **Impra**

within To the

State Registrar

with, Day, Year)

1 ☐ Yes 2 ☑ No

1 Neturel

2 Accident

3 ☐ Suicide

29e. Certifier one)

31. Dete filed //

4 I Homicide

29b. Signeture and title of or

30. Name end address of person

5 Pending investigation

6 Could not be determined



completed cause of deeth (Item 23e) (Type, Print)

IMPERIAL

1 ☐Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA

28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28b. Time of

28a. Dete of Injury (Month, Day Year)

26. Place of Deeth (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

281. Location (Street end Number or Rural Route Number, City or Town, Stete)

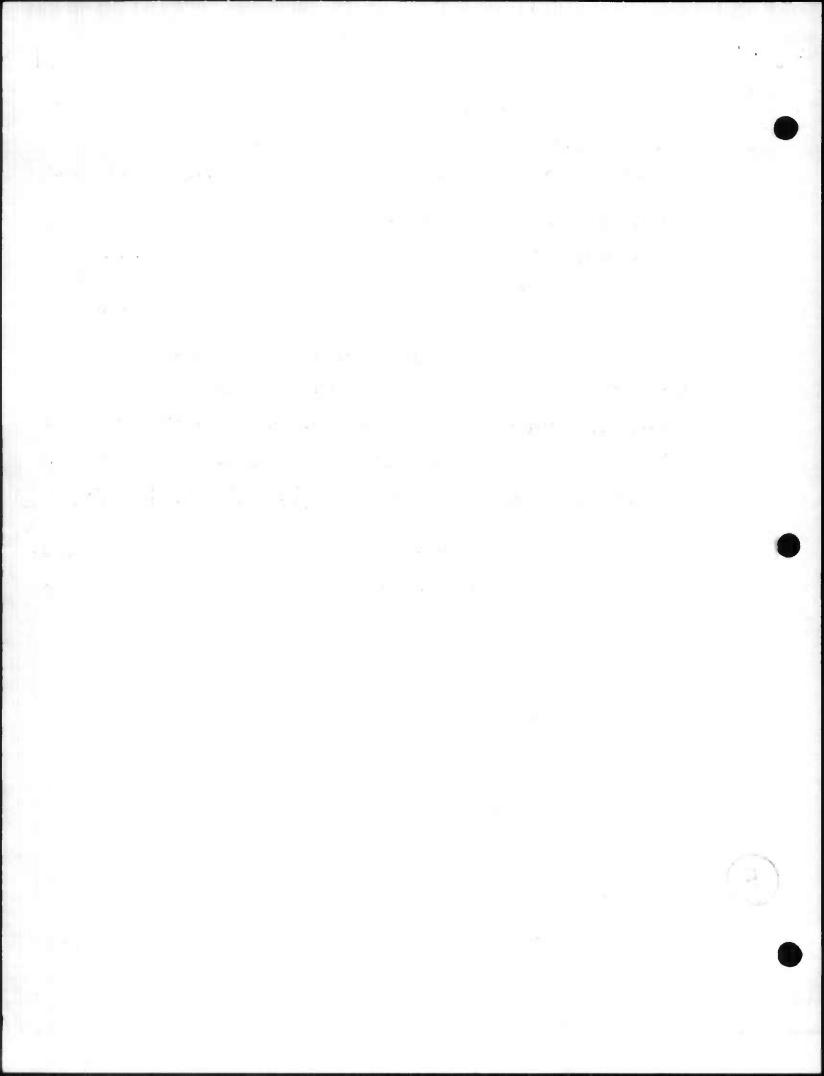
1 Descritifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number

D44508

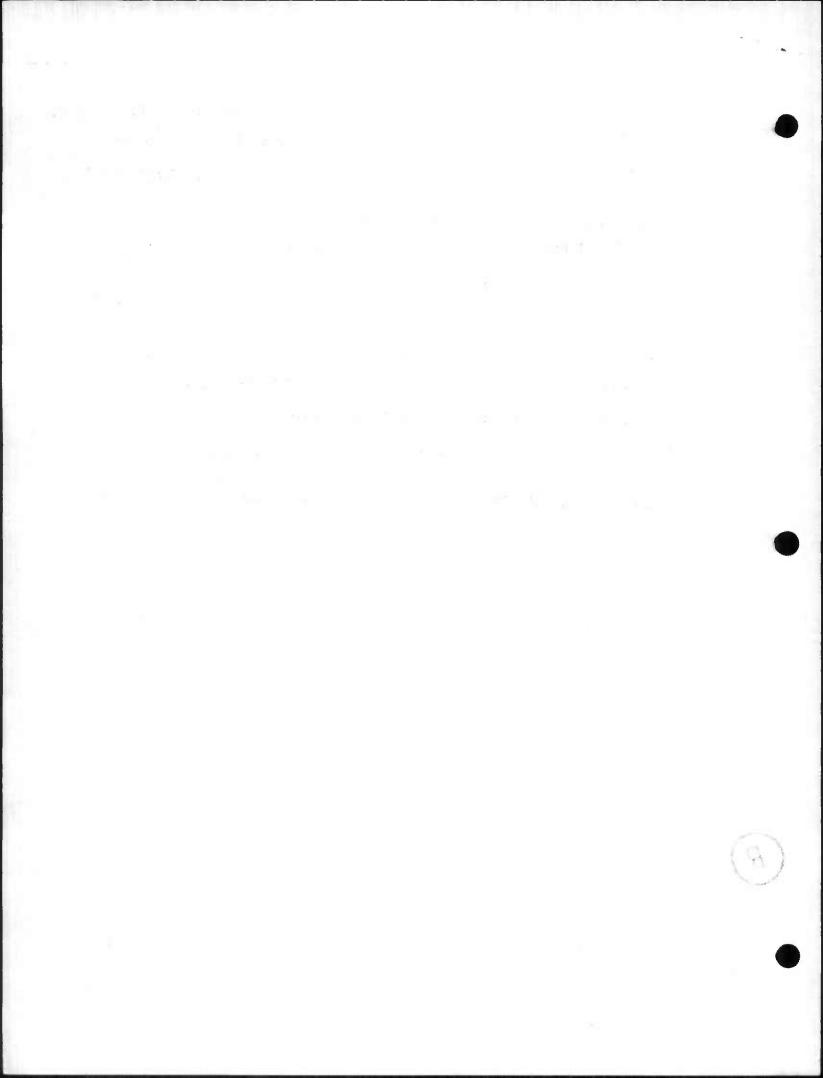
29d. Date signed (Month, Day, Year)

DHMH 16 Bev 6/95



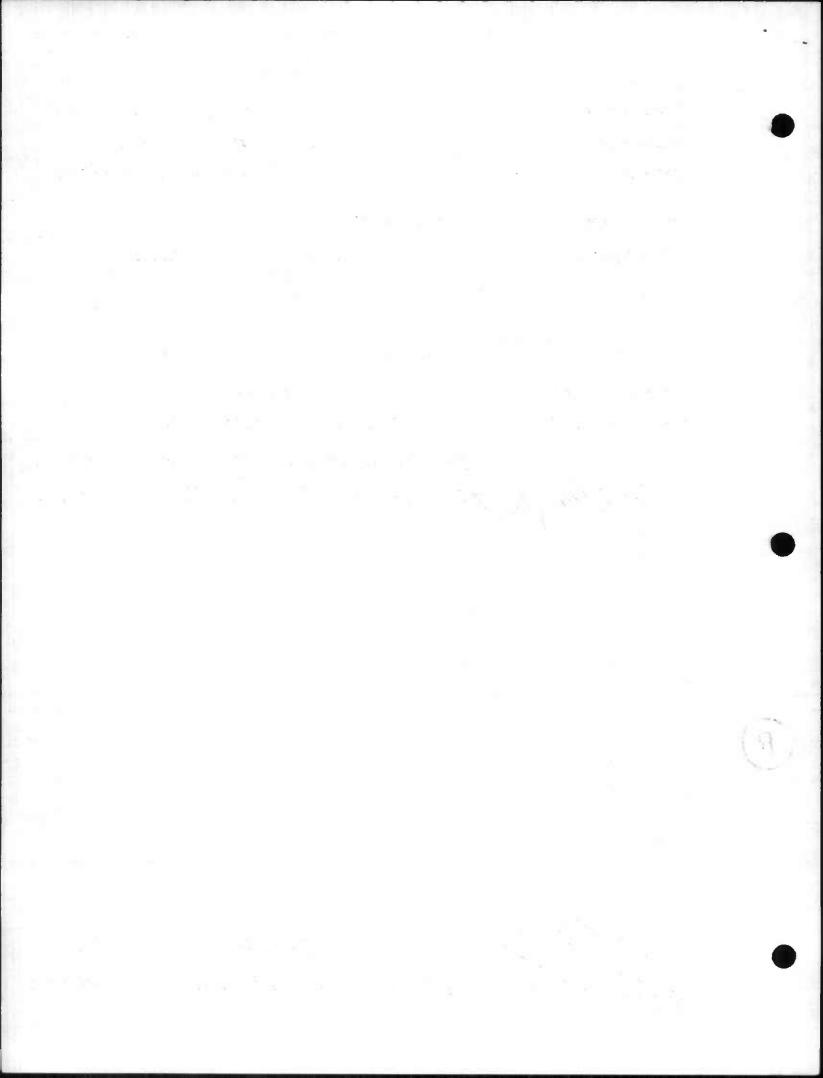
05312 State of Maryland / Department of Health and Mental Hygiene

						Ce	rtificate o	f Death		P	leg. No.	- "	00	- 1 -
	Di-		1. Decedant's Name (First, Middle, L	ast)						2. Data of Dee Month	th	Vaar	3. Tima	of Death
	Physic /Medi		Emma Louise Harr	is						Februar	v 19	Yaar 1997	7:0	0am
	Exami		4a. Facility Neme (If not Institution, g		ber)					cation of Deeth	4c. Count		1_7.00	oun
			494 Old Mill Ro	ad				Mille		lle	Anne	e Aru	ndel	
	Funeral Director	=	5. Social Sacurity Number 6. 213-26-1759 Usual Residence of Decedant	Sax 7	'. Age (In yrs. las 81	t birthday) Yrs.	Months De		24 Hrs. Min.	8. Dete of Birth (Month, Day Februar	y 13, 19	9. Birtho Cour 16 Ma	elece (State etry) rylan	or Foreign
	land land		10e. Stete 10b. County	···	10c. City, 7	Town or Lo	ocation					1	0d. Inside	City Limits
	the Mary 28a-f sh	Director	Maryland Anne A	rundel	M	iller	sville				l0g. Citizen of	M/hat Cour		s 2 No
	a 23a or		494 Old Mill Ro					21108			U.S	. A .		
Maryland 21215-0020	d within 72 hours after death with the Manyand plene. I than "naturel", or Neme 23s or 28s-f show The Medical Examiner, must be notified at	by Funeral	11. Meritel Stetus 1 □ Nevar Merried 2 □ Merried 3 ☑ Widowed 4 □ Divorced	Armed Ford 1 Tyes 2 If Yes, Giva Year or Det	2 ₾ No		Was Decedant of the second of	uban, Mexicer	n, Puarto	ecity Yes or No- Rican, etc.)	Bia	ce - Amaric ck, White, y: WHIT	etc.	
5-0	72 h netu dicel	etec	15. Decedent's I (Specify only highast g	Education rada complated)		(Giva	dant's Usual Occ kind of work do	na durina mos	at of work	ina	16b. Kind of B	usinass/în	dustry	
121	vithin han	Completed	Elamantary/Secondary (0-12)	Coilaga (1~	4or 5+)	life.	DO NOT usa ret	ired)			II a a a d	± - 1		
d 2	Hygle thert		8 17. Fether's Nama (First, Middla, Las	at)		keg1	stered	1	are Name	e (First, Middle,	Hospi			
an	d be filed antal Hyg and other c avant,	Be C	Jacob Nor							Irene Be		na,		
Z	2 should be filed within : and Mental Hyglene. is marked other than "r aumatic avant, tre Med	2	19e. Informant's Name/Ralationship			19h Mailir	ng Address (Stre					Stata 7in	Code	
, Me	and 2 sealth as n 27 is ner tran		Nancy Moxley		er	494	Old Mil	1 Road	Mil	lersvil.	le, MD	21108	3	
altimore,	permit. Pages 1 and 2 should b Department of Health and Menti Important: If Item 27 is marked any Injury or other traumatic a once.		20a. Mathod of Disposition 1 Buriai 2 Cramation 3 4 Donetion 5 Other (Special Contents)		cem	e of Dispo atary, crar rkwoc	osition (Nama of matory or other p od	olace)	2	Data /21/199	20c. Location 7 Mary		wn, Stete	4
Balt	permit. Departimport any inj		21. Signature of Funeral Service Live	ansee S	Le	16	2. Nama and Add	ress of Fecili	^{ty} Wit AVen	zke Fundue Cator	eral Ho	mes , MD	21228	3
	-		23a. Part1. Entar tha disaase, or cor shock, or haart failura. List only	nplications that car	used the deeth.	Do not ent	er the moda of c	lylng, such as	cardiec	or raspiratory arr	est,	1	Approximation	sta shwaan
	Physician /Medical Examiner	J.	Immediata Causa (Final disease or condition rasulting in daeth)	a. Hype								yeu	Onset and	Death
	d d ansit	Examiner	Service the list and distance	b. ———	Due to (or a		uanco of):					-		
,00	e axec sian an urial-tr	i Exa	Sequentially list conditions, if any, leading to immadiate cause. Enter Undarlying Cause (Disaasa or Injury		Due to (or a	a conseq	(delice of).							
x 68760,	is death certificate be axecuted the attending physician and shed for use as the burial-transit	Medicai	that Initieted avants rasulting In death) Last	U	Dua to (or as	e conseq	uance of):					1		
Вох	death c	Physician		0										
o.	tha de sy the s	ysic	Part II. Other significant conditions	contributing to dea	th but not rasuitir	ng In tha u	ndarlying causa	given in Part I	l.	23b. Did to	obacco use co	ntribute to	the cause	of death?
a	and that	by Ph	Congestive !	Leart	faile	ne				157	es 2□ No	3 Prol	oably 4	Unknown
Vital Records,	requir seen s hould	Completed	Chroniz Obs	trucku	e Pul	nn	uy Do	zear	_	24a. Was a perfor		av	ara autopsy ailable prior mpletion of daath?	to
m m	ysician: The law s certificate has t director, page 2 s	mo					V			1 U Y	as 2 No	10	Yas 2	PNo
ta	diffice	Be	25. Was casa rafarred to madical					26. Place	a of Death	(Check only or	ne)	1		
o	200	To	axaminar?	Hospitel: 1 In	patient 2 ER	VOutpatien	t 3 DOA	Other: 4 Nu	ursing Ho	me 5 Reside	ence 6 🗆 Oth	nar (Specif)	y)	
5	P P		27. Manner of Death 1 ☑Natural 5 ☐ Panding	28a. Date of (Month,	Injury 28 Day Year)	Bb. Time of Injury	28c. In	jury at /ork?		28d. Dascribe h	ow injury occur	red		
S	0)	cati	2 ☐ Accident investigation 3 ☐ Sulcide 6 ☐ Could not I	20				Yas 2						
Z	. /	Certification:	4 Homicida detarmined	288. Piece o	f Injury - At home , atc. <i>(Specify)</i>	, farm, str	aat, factory, offic	×8		28f. Location (S City or Tow		ber or Rura	l Routa Nu	m <i>ber</i> ,
	To the Hospil within 24 hour To the Funer completely fill	edical	29a. Cartifier (Check only one) 1 ☐ Certifying Pt 2 ☐ Medical Exa	hysician: To the be miner: On the bes end manna	is of examination	dga, daath and/or inv	occurred et tha vastigation, in m	tima, data an y opinion, dea	d plece, a	and due to the c ed at tha tima, d	ausa(s) and mate and place,	annar as st and due to	ated. the cause	(s)
	To the Within To the comple	Me	29b. Signature and the of certifier	1 -			29c. Lice	nse number		2	9d. Data signe	d (Month.	Day, Year)	
	7		Magn al	Inju			D	12820	2		2/20	197	-	
	Y		39. Name and addrass of person who	completed causa	of death (item 23	Ba) (Type,	Print)	10		1		0		
			Christopher del	Do 7 5 9	3 708 V	nouv	itain K	9 10	159	pnap	MD_	01/0	d	
	Sta	te	51. Data filed (Month, Day, 1941)	9 0: 00	indian a Signature	2000								



State of Maryland / Department of Health and Mental Hygiene 97 053 13

						Certi	ficate of	f Death		B	eg. No.		~ ~	010
			1. Decedent's Neme (First, Middle, Las	st)						2. Dete of Dea	th	Vaca	3. Tim	e of Deeth
	Physici /Medi		Helen Hachtel							February	Z _O	1997	08	259
•	Examir		4e. Fecliity Neme (If not institution, give	street and number)				4b. City, To	wn, or Lo	cation of Deeth	4c. County			
			Homewood Nursing	Home				Willia	_			ingtor		
	Funeral Director		5. Sociel Security Number 6. S 212-03-1516 1 Usuel Residence of Decedent	ex 7. Age	e (In yrs. last bir 86		If Under 1 Yea Months Dey		24 Hrs. Min.	8. Dete of Birth (Month, Dey Decembe	Year) r 3,191	9. Birthol Count 0 Mar	ece (Ste try) yla	nd
	yand yang		10a. State 10b. County		10c. City, Tow	n or Locat	ion					10	Dd. Insid	e City Limits
	Mary First	tor	Maryland Washingt	on	Will:	iamsp	ort						10	Yes 2 No
	h the	Director	10e. Street end Number				10f. Zip Code			1	0g. Citizen of \	Whet Count	try?	
	th wil		16505 Virginia Av	renue			217	95			U.S.A.	,		
120	3 within 72 hours efter death with the Maryland ilene. Then "natural", or items 23a or 28a-f show the Medical Examiner must be notified at	by Funeral	11. Meritel Status 1 □ Never Merried 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Wes Decedent II Armed Forces? 1 Yes 2 II If Yes, Give Yeer or Detes:			s Decedent of es, specify Cu Yes 2 N			ecify Yes or No- Rican, etc.)		ce - America ck, Whita, e	etc.	٦,
9	2 hou		15. Decedent's Ed		16e.	Deceden	t's Usuel Occ	upation			16b. Kind of B			
Maryland 21215-0020	hin 7.	Completed	(Specify only highest gra			(Give kin life. DO	d of work don NOT use reti	e during mos	t of worki	ing			,	
21	D D L	mo:	12	Collage (1-401 5		memak	er				Own H	lome		
pu	be filed tal Hygid d other event, u	Be	17. Father's Neme (First, Middle, Last)					18. Moth	ar's Name	e (First, Middle,	Maiden Suman	ne)		
yla	2 should be and Mental I a marked of reumatic eve	10	Spedden A Haus	se				Anr	na Bl	oom				
Jar			19e. Informent's Neme/Reletionship (1							al Route Number		Stete, Zip	Code)	
	1 and 2 Health em 27			on)			5285	S Og	gden,	Utah 8			- A-1 V	
Baltimore,	permit. Pages 1 and 2 Department of Health important: If tem 27 II eny injury or other tre		20e. Method of Disposition 1 ☑ Buriai 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify		20b. Plece or comete.	ry, cremet	ory or other p		24, 1		20c. Location - Woodlaw	-		
Bal	Depart Import eny in		21. Signeture of Europeal Service Licen	see /s) /	1-1	22. N Wit 163	zke Fu C Edmo	ress of Fecili neral ondson	Home Aven	of Cat	onsvill	le, Ir	ıc.	nd 2122
			23a. Pert1. Enter the disease, or comp shock, or heart feilure. List only	icetions that caused ne cause on each lin	the death bo	not enter t	he mode of d	ying, such es	cardlec o	or respiretory err	est,	1	Approxi	
N	Physician			0	-/				/			1	Onset a	nd Deeth
	/Medicai Examiner		Immediate Ceuse (Finei diseese or condition resulting in deeth)	175/	7/16 NOC	2	Due	whi	Yer			4	0	5
		2	resulting in deeth)		Dua to (or es a	consequa	nce of):					1		
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	al-tra	xar	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Undarlying		Dua to (or es e	consequer	nce of):					İ		
68760,	siclar siclar	cai	Cause. Enter Undarrying Ceuse (Disease or injury that Initiated events	c	Due to /ou ou o							-		
89	death certificate be axecuted e ettending physician and of for use as the burtal-transit	Medicai	resulting in death) Last	·	Due to (or es e o	consequen	nce of):							
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O.	T V a	Physician/	Right							10 Y	00 20 No	3 Prob	ably	4 ☐ Unknown
8		by	Diegil Cang									т		
000	has been sign ge 2 should be	Completed	severe de	relitia						24a. Wes a perior	n autopsy med?	con	alleble pr	esy findings for to of cause
ď	ysician: The is certificate he director, page	00 Du								1□Y	es 2 No	1 [Yes :	2□ No
of Vital B	delan: The certificate rector, pag	Be	25. Was case referred to medical examiner?	1100000				26. Place	of Deeth	n (Check only or	10)			
7	Physician: r this certific rral director,	70	1 ☐ Yes 2 ☑ No	Hospitel: 1 ☐ Inpatie		tpatient	3□ DOA C	other: 40 N	ursing Ho	me 5 Reside	ence 6 Oth	er (Specify)	
Ē	frer the man		27. Menner of Deeth 1 ☑ Naturel 5 ☑ Pending	28a. Dete of Injur (Month, Day	Year) 28b.	Time of njury	28c. Inj			28d. Describe h	ow injury occur	red		
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Division	tal or Attending is after death. al Director: After led in by the fune	Certification:	4 Homicide datarmined	28e. Plece of Inju building, atc	ry - At home, fe . <i>(Specify)</i>	rm, street,	, fectory, offic	0		28f. Location (S City or Town		er or Rural	Route I	Number,
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completaly filled in by the funeral	edical	29a. Certifier 1 ☐ Certifying Phy (Check only one) 2 ☐ Medicat Exam	raician: To the best of iner: On the basis of end menner ste	examinetion en	, death oc d/or invest	courred at tha tigetion, in my	tima, data an opinion, dee	d place, a	and dua to the c ed et the time, d	euse(s) and ma ete and plece,	annar as ata and dua to	ated. the cau	se(s)
	To the to the composition of the the the the the the the the the the	M	29b. Signeture and little of beautier				29c. Lice	nse number	^-	_ 2	9d. Data signe	d (Month, E	Day, Yee	ir)
			1///				1	26	100	6	21	20/	23	
	10		30. Nema and address of person who	omplated causa of da	ath (ttam 23a)	(Type, Prir	nt) 1		11	gorxo	1	110	1	200
	1		ANDIKENS	7471	VOY	Lar	- N	le	Ne	s orxo	un !	(4)	21	145
	Sta	te	3f. Dete filed (Month, Day, Year)	32. Registre	r's Signeture	.00			U	/				



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Death 3. Time of Death **Physician** 8:30 PM GB /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner HOWARD COUNTY GENERAL HOSPITAL COLUMBIA HOWARD 5. Social Security Number If Under 1 Year If Under 24 Hrs. 6. Sex 8. Date of Birth (Month, Day, Year) 12/26/1926 Birthplace (State or Foreign Country)
 COLORADO 7. Age (In yrs. last birthday) **Funeral** Days 1 M 2CXF 524-20-0016 70 Yrs. Director Usuel Residence of Decedent with the Maryland 10e. State Show 10b. County 10c. City, Town or Location 10d. Inside City Limits r then "natural", or items 23a or 28a-f show the Medical Examiner must be notified at MD HOWARD Director ELKRIDGE 1 ☐ Yes 2 ☑ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6709 PIRCH WAY 21227 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes & A No If Yes, Give Year or Dates: 11 Maritel Stetus Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. filed within 72 hours efter 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 🗓 No Specify: Completed by WHITE Specify: 3 Nidowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry than Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKER OWN HOME other Baltimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) permit. Peges 1 and 2 should be fit Department of Health and Mental H Important: If Item 27 is marked oth any injury or other traumatic ever OREs. Be Peges 1 and 2 should be nent of Health and Mental JOHN ASHTON VERNA BURGER 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) RHONDA KELLY/ DAUGHTER 10009 Evergreen Ave. Columbia, MD 21046 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 Buriel 2 ☐ Cremation 3 ☐ Removal from State Gate of Heaven 2/21/1997 Silver Spring 4 ☐ Donation 5 ☐ Other (Specify) 22. Name end Address of Fecility Witzke Funeral Home of Columbia Signature of Funeral Service Licenses 5555 Twin Knolls Rd Columbia, MD 21045 ssaces Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heert failure. List only one cause on each line. Approximate nterval Between Onset and Death **Physician** /Medicai Immediate Cause (Final THERS CENOUS IN diseese or condition resulting in death) Examiner Due to (or as a consequenca of) SIMUS SYNDAGE Physician: The law requires thet the death cartificate be executed Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last pue burial-tran Due to (or es a consequence of): nding physician use as the burial Box 68760. rgestive ScHanic Physician/Medical Due to (or as a consequence of) 1 ABOTE of Vital Records, P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Were eutopsy findings evallable prior to completion of cause of deeth? 24a. Was en autopsy performed? certificete 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical 26. Place of Death (Check only one) 2 Other: 4 Nursing Home 5 Residenca 8 Other (Specify) 1□ Yes 20 No 1 Inpatient 2 ER/Outpatient 3 DOA mis 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred Certification: 28b. Time of 28c. Injury at Work? G Natural 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office bullding, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 T Homicide Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) end menner as stated.

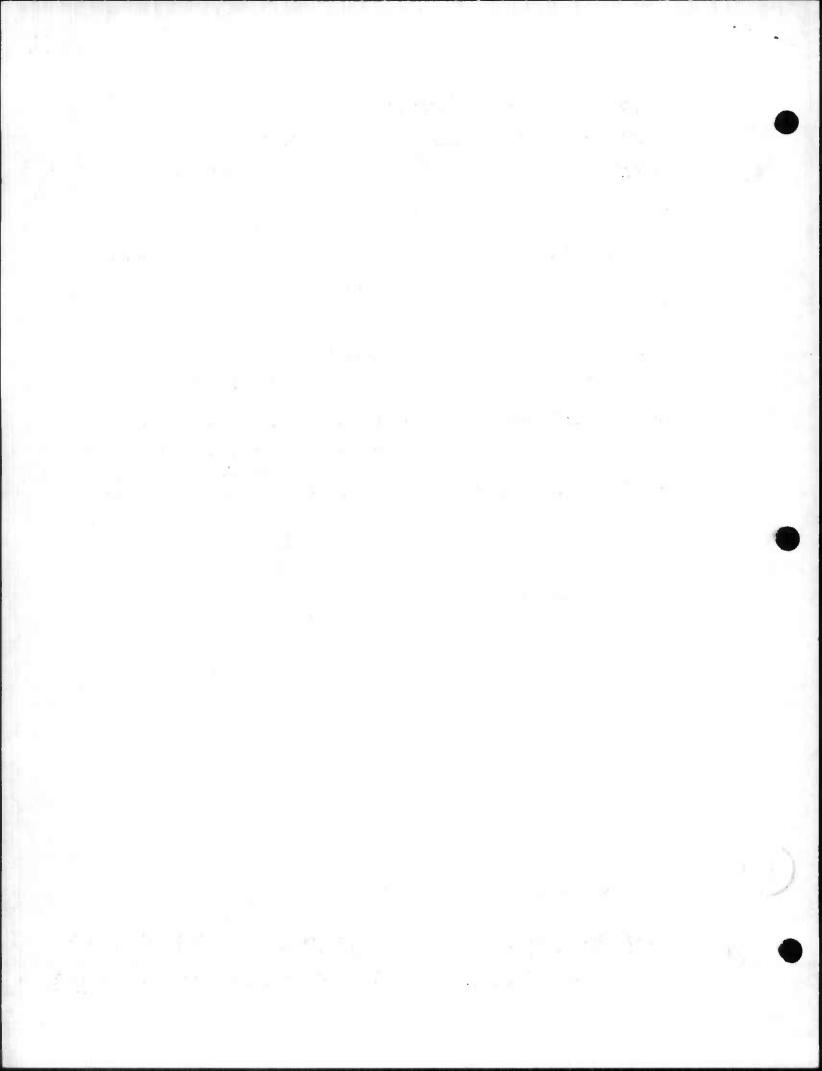
| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and placa, and due to the cause(s) and manner steted. Medical 29a. Certifier (Check only within 2 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) eted cause of death (Item 23a) (Type, Print) 3460 LCOTT

State Registrar 31. Dete filed (Month, Day, Year)

FEB

32. Registrar's Signature

DHMH 16 Rev 6/95



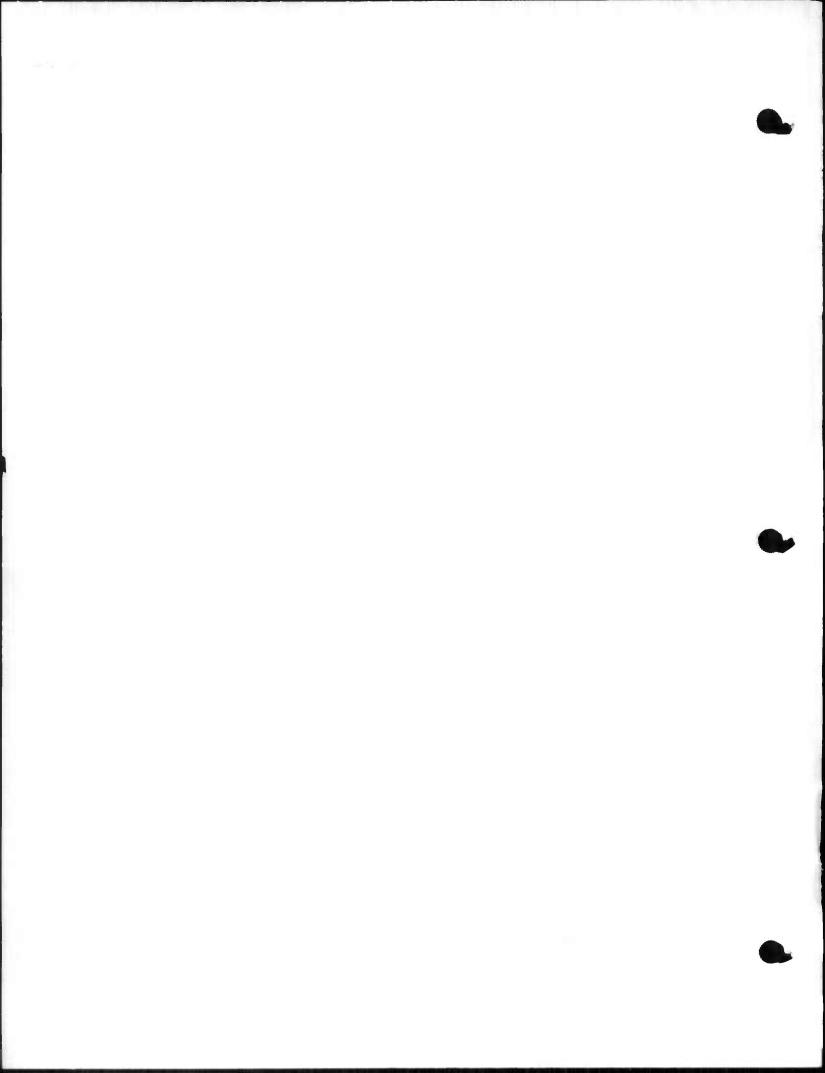
PHYSICIAN The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The page 1 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the standard of Health and Mental Hygiene prior to burial, cremation, or removal.

The page 2 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be as the burial-transit permit. Pages 1, 2, 3 should be as the burial-transit permit. Pages 1, 2, 3 should be as the burial-transit permit. Pages 1, 2, 3 should be as the burial-transit permit. DIVISION OF VITAL RECORDS, P.O. BOX 68760 TO THE HOSPITAL CHARTON TO THE FUNERAL DESIGNATION TO THE MININ 72 NATION TO THE MINING THE PROPERTY IN THE PROPERTY OF THE PR

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	4. SOCIAL SECURITY NUMBER	SER	5. SEX	8. AGE (In yrs. I		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, De			8. BIRTH Count	HPLACE (State or Foreign
	_212-34-9488		1 - M 2 - XF	84	YRS.	- Contract	DATE	HOURS	mere.	5/9/				YORK
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE			9c. COU	NTY OF D	
DIRECTOR	AUGSBURG LU	JTHERAL	N HOME			M:	ILFO	RD M	ILL			В	ALTI	MORE
[등]	RESIDENCE OF DEC				_									
뿔		10b. COUNTY			10c. CIT	Y, TOWN (OR LOCAT	TION						10d. INSIDE CITY LIMITS?
	MARYLAND		N/A			B	ALTI	MORE	CIT	Y				1 X YES 2 NO
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2	JANIS SCHV	VARTZ			12 L:					NSON,		21286	_	
	20a. METHOD OF DISPOSIT	ION		20b. PLACE	E AND DATE		_		100	OATE			City or To	wen State
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屉		determined	building,	etc. (Specify)						City or To	wn, State)		0. 110.01	note tronces,
COMPLETED BY			CIAN: To the best of											
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TO BE C	296. SIGNATURE AND TITLE	186	3 Pm	_	n	D		29c. LICE	NSE NUM	BER 72		29d. DAT	E SIGNED	(Month, Day, Year) 20 1997
	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITI										
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State of Maryland / Department of Health and Mental Hygiene 97 053 6

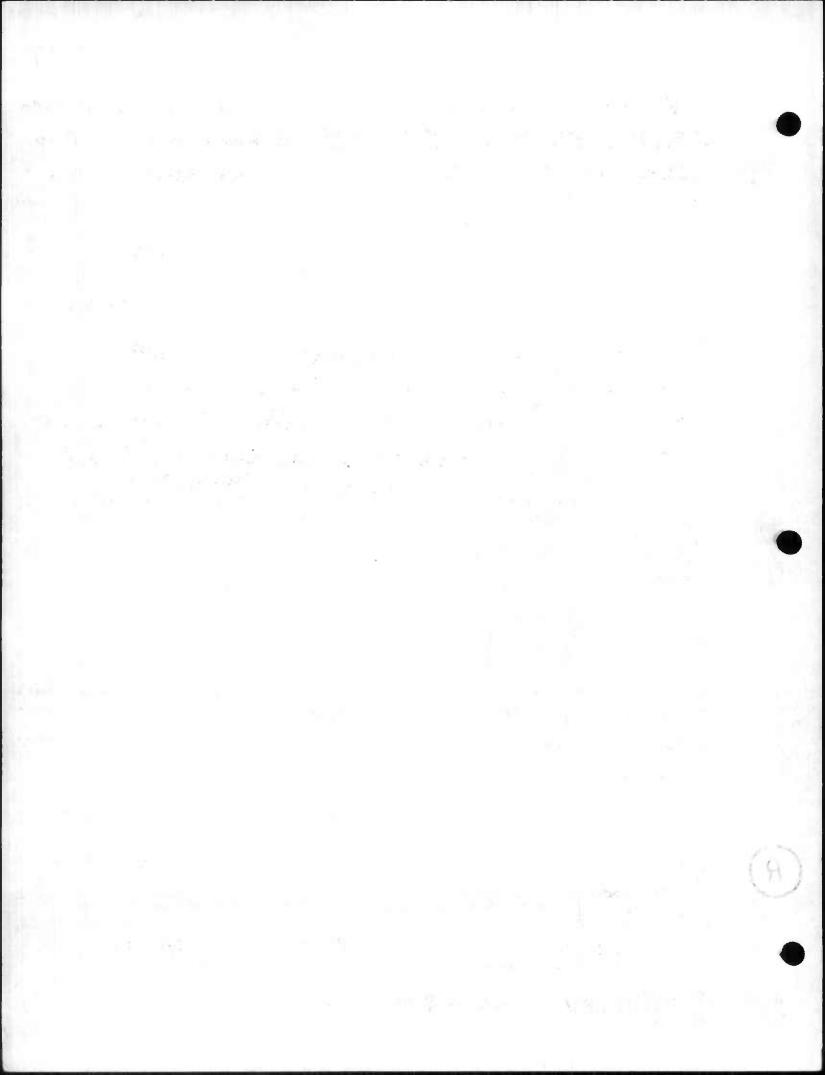
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28. Part I. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrast, in mediate Cause (Final disease or complications). Sequentially list conditions, if any, leading to immediate Cause (Final disease or condition). Sequentially list conditions, if any, leading to immediate Cause, Stratz Underlying to death but not resulting in the underlying cause given in Part I. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 29b. Did tobecco use contribute to the light of death but not resulting in the underlying cause given in Part I. 29c. Place of Death (Check only ona) 25c. Was cess referred to medical aximiner? 25c. Was cess referred to medical aximiner. 25c. Was cess referred to medical aximiner. 25c. Was cess referred to m	337	, N.C. 2	Lake,	, White	lina Ave.	W. Caro	103	ther)	nes (Brot	Harold Jo		alth er tr
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State of Maryland / Department of Health and Mental Hygiene 97 05317

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	Marylend a-f show	tor	Usual Rasidance of Decedant 10a. Stata 10b. County NA		City, Town					10	0d. Insida City Limits 1 Yas 2 No
	23a or 28	ral Director	10e. Street and Number 3049 Essex	4 +		10f, Zip C	21207		10g. Citizan of		try?
020	72 hours after death with the Marylend natural, or items 23a or 28a-f show alcal Examiner mant be notified at	by Funeral	11. Marital Status Navar Marriad 2 Married 3 Widowad 4 Divorced	12. Was Dacedani Evar Armed Forcas? 1 ☐ Yas 2 No If Yas, Giva Yaar or Datas:	n U,S.		nt of Hispanic Origin? y Cuban, Maxican, Pu No Specify:	(Specify Yas or No arto Rican, atc.)	Speci	ice - Amarica ack, White, a ify: B	
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Maryland 2	be filed ital Hygid of other	To Be Co	17. Father's Nama (First, Middle, Last) George Kenne-		(Nas			ama (First, Middle	Maidan Suma		
	s 1 and 2 should if Health and Men Item 27 Is marke other traumatic	10	Patricia Gord	Type, Print) Sister	198.1	falling Addrass (Streat and Number or	Rurel Routa Numb	ar, City or Town		0 21300
Baltimore	of of the or		20a. Mathod of Disposition 1 Burlal 2 Cramation 3 4 Donation 5 Other (Specify	Ramoval from Stata	b. Place of D cematary,	isposition (Nema cramatory or oth	n Garden	2/22/97	20c. Location	- City or Ton	mn, Stata
Bal	permit. Pag Department Important: I any Injury o		21. Signature of Funaral Sarviga Lican	arch		March 4300	Address of Facility LUDES	h Aug.	Balt	st 0. m	d. 21215
	Physician /Medical Examiner		25a. Part1. Enlar tha disaasa, or comp shook, or haart failure. List only of immadiata Causa (Final disaasa or condition rasulting in daath)	seps	ol'S	antar tha moda	of dying, such as card	ac or raspiratory a	rrast,	1 1 1	Approximata Intarval Batwaan Onsat and Death
Box 68760,	leeth certificeta be executed attending physician end I for use as the buriel-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immadiate causa. Enter Underlying Causa (Disaase or injury that initieted avants resulting in daath) Last	b. 055	ible o (or es a con	a b consequence of):	dominal	in fe	tion		
O.	that the deethed by the atte	Physician/	Part ii. Other significant conditions co	ontributing to death but not	rasuiting in th	a undarlying cau	sa givan in Part i.	23b. Dld	obacco uae co	ontributa to	the cause of death?
ds, P.O.	requires that the deeth seen signed by the atter hould be detached for u	by	Adult resp.	ivatory c	listr	255	Syndram	2 10	Yes 2 No		ebly 4 Unknown
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ta			25. Was casa rafarrad to medical	syndron	ne		OC Diago of D	10	100	1 🗆]Yas 2□ No
on of Vi	ung Physician: After this certific	ition: To Be	axeminar?	28a. Date of injury (Month, Dey Year	ER/Outpa 28b. Tim inju	1	Other	eath (Check only of Homa 5 Rasic 28d. Dascribe i	dence 6 □Oti)
SIM	al Director	Certification:	3 Sulcida 6 Could not be datarmined	28a. Place of Injury - A building, atc. (Spe	t home, farm	, straat, factory, c	office	28f. Location (S City or Tox	Straet and Num vn, Stata)	ber or Rural	Routa Number,
	To the House of within 24 hours of To the Function Completery fined in	edical	29e. Cartifying Phy (Check only one) Cartifying Phy 2 Medical Exami	rsician: To the best of my inar: On the basis of exam and mannar stated.	knowledge, d inetion and/o	aath occurred et r investigetion, in	tha time, date end ple my oplnion, daath oo	ce, and dua to the curred et the tima,	cause(s) and m data and place,	anner as sta , and dua to	ited. tha causa(s)
	To the within 2 To the comple	×	29b. Signatura and title of fertiller	1		29c. i	D37818		29d. Data signa 2/17	197	ley, Year)
	5			ompleted causa of death (I	tam 23a) (Ty	pa, Print) al 22	037818 S Gr	een St	rest	Balt	10212 V
	Sta Registr	_	FEB 24 1997	Frequencial Si	onatula and	400					

Registrar



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedantis Name (First, Middle, Last) 2. Data of Death 4b. City, Town, or Location of Death 4c. Pound ohnson YOUMA 4a. Facility Name (If not institution, give street and number) 7. Age (In yrs. In birthday) If Under 24 Hrs. 6, Date of 172 GENERA ff Under 1 Year Months Days 6. Date of Birth (Month, Day, Year) Birthpiaca (State or Foreign Country) 1 M 2 F Hours Min. 220-20-8909 68 DEC. 25, 1928 NEW York Usuai Rasidence of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limita 1 468 2 No BALLIMORE NaryLAND 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 1520 W. North 2/2/7 USA 12. Was Decedent Ever in U,S. Armed Forcas? 11. Marital Status 13. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 1 Yas 2 10 11 Yas, Give Yaar or Dataa: 1 Never Marriad 2 Married 1 Yes 2 → No Specify: Specify Black 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry 4. Wisson State Elemantary/Secondary (0-12) Collaga (1-4or 5+) Hospital LAB. TECHNICIAN 12th grade 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Surname) Clarice Morsell JUSEPL JORES 19a. Informant'a Name/Raiationship (Type, Print) 19b. Mailing Addrasa (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1618 E. HONUMENT of # Bultone Hangons FIDET DAUGHT NOTEEN JUHLSON 20b. Piaca of Disposition (Name of cemetery, crematory or other placa) 20a. Mathod of Diaposition 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Ramoval from State HERECTIEL Park 4 ☐ Donation 5 ☐ Othar (Specify) RONDAlstown, Moryland 22. Name and Address of Facility CHATMAN - HARRIT FUNEYAL HOME 21. Signatura of Funaral Service Licenses 52 40 REISTERSHUL RIAM 23a. Parti-Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. BALLHOVE, Mary Cons 21215 Approximata fntarvai Batween Onsat and Death Immediata Causa (Final Kespiratory disease or condition resulting in daath) Dua to (or as a consequence of) neumonia Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of) Myscardial Ischemia that Initiated eventa resulting In death) Last Due to (or as a consequence of Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of geeth? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to complation of causa of death? 24a. Was an autopsy performed? 1 Yas 2 No 1 ☐ Yas 25. Was casa rafarred to medical 28. Placa of Death (Check only one) axaminari 2 12 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 ☐ Yas 1 Impatient 2 ER/Outpatient 3 DOA 27. Manger of Death

Physician /Medical Examiner

permit. Pages 1 and 2 should be filed within 7; Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "na any injury or other treumatic event, in a Medis 2008.

filed within 7 Hygiene.

Physician

/Medical

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7 is marked other than "natural", or Items 23s or 28s-f show trsumstic event, the Modical Examinar must be nothed at

the Maryland

Baltimore, Maryland 21215-0020

pue physician s the burial 94 yd bengia

Physician/Medical

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1 Naturai

2 Accident

4 Homicide

3 Suicida

29a. Cartiflar

Certification:

Medical

Records, P.O. Box 68760, mat the death certificate be certificate Vital

Dire orafte an 24 hour. To the I within 2.
To the F complet

28a. Data of Injury (Month, Day Year) 5 Pending Invastigation 6 Could not be datarmined

28b. Tima of

28c. fnjury at Work?

28a. Placa of Injury - At homa, farm, streat, factory, offica building, atc. (Specify)

26d. Dascribe how Injury occurred

26f. Location (Street and Number or Rural Route Number, City or Town, State)

1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signatura and titla of cartifian

Resid. 89270 2-21.97

1 ☐ Yas 2 ☐ No

29d. Data signed (Month, Day, Year)

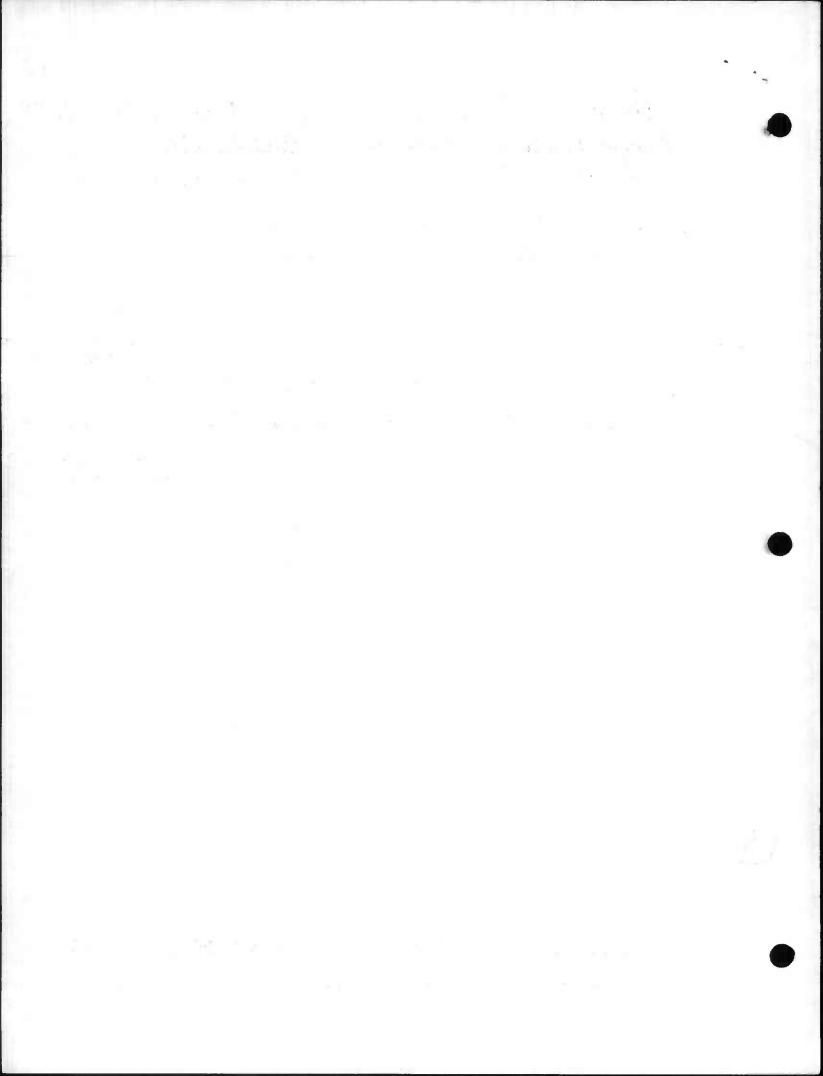
30. Nama and addrass of person who completed causa of daath (itam 23a) (Type, Print)

MARGARET GRAYNOUSKY,

MARYLAND GENERAL HO MD

State Registrar 31. Data filed (Month, Day, Year) FEB 2 4 1997

22. Registrar Dangue



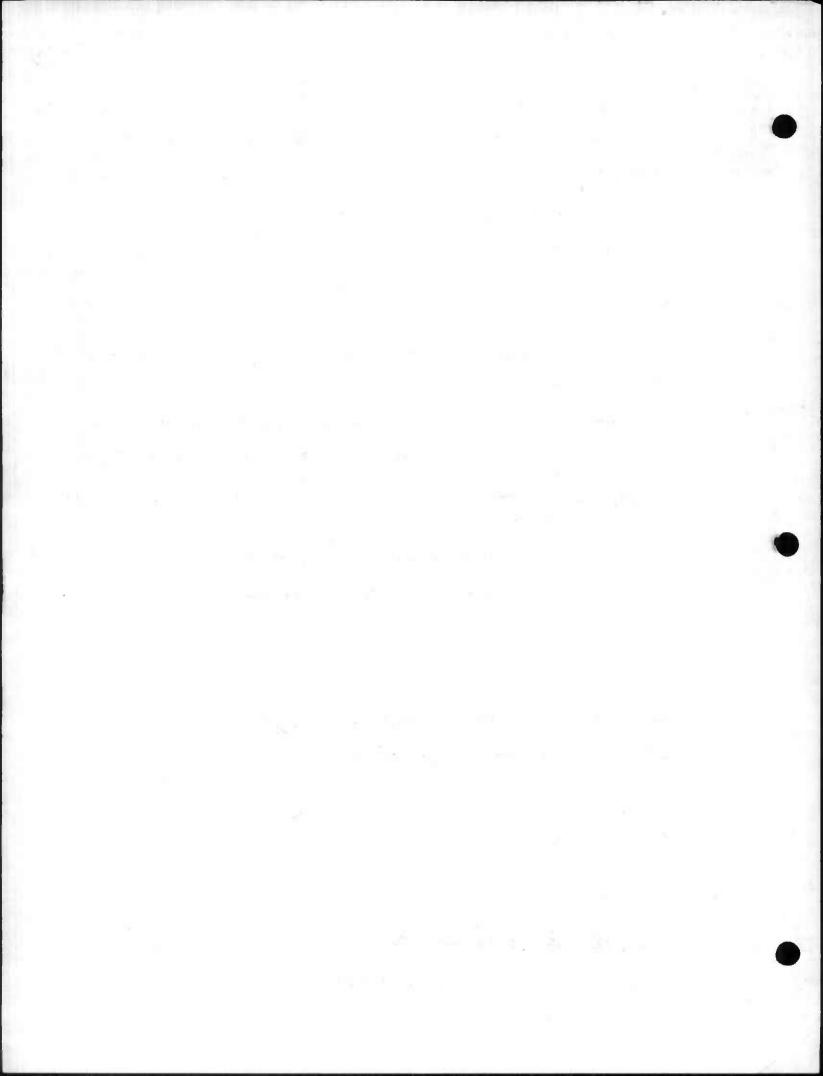
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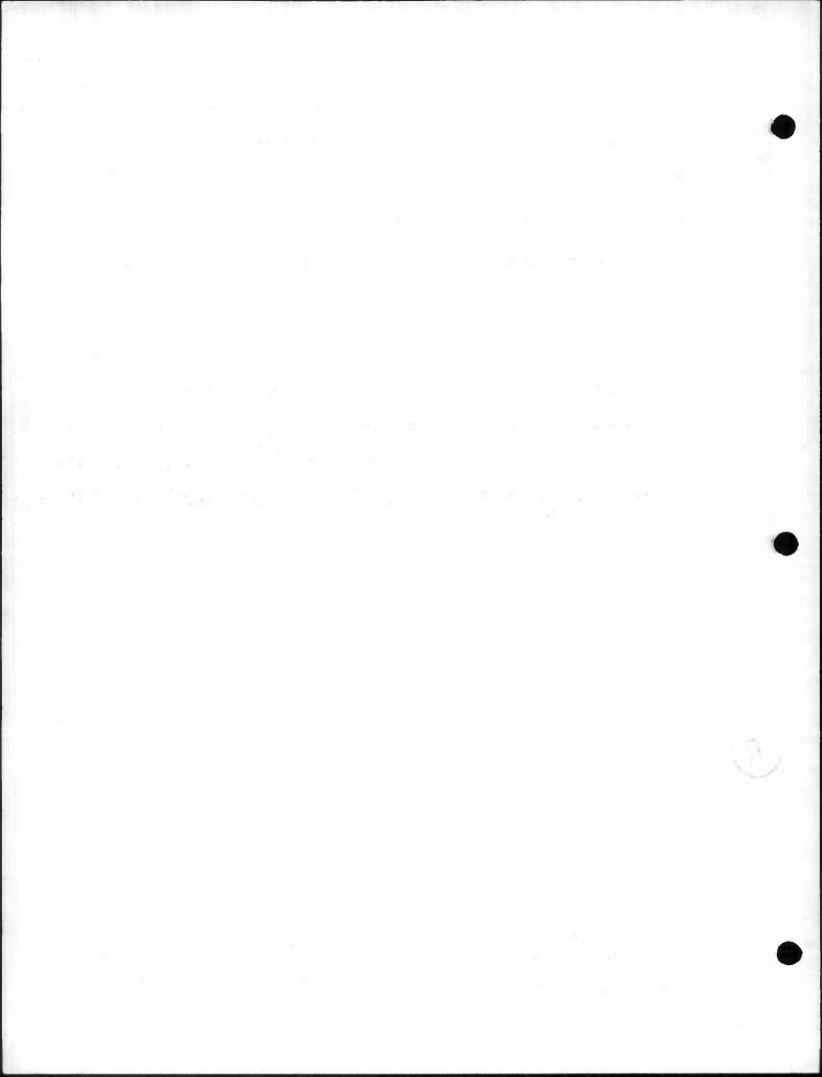
				Cer	tificate of	Death	,	Reg. No.	1 00019
Physicia	an	Decedent's Name (First, Middle, La	_	NICO			2. Dete of De Month		Yaar 3. Tima of Death
/Medic Examin	al	CATHERINE 4a. Facility Nema (If not Institution, given Homewood Genesis	e street and number)	NES . H.		4b. City, Town, or L Baltimo	ocation of Deat ore City	, , , , , , , , , , , , , , , , , , , ,	of Death imore City
Funeral Director		5. Sociel Security Number 6. S 217-58-9613 Usual Residence of Decedant	7. Age (In y	rrs. last birthdey) Yrs.	ff Under 1 Yaar Months Deys	If Under 24 Hrs. Hours Min.	8. Dete of Bir (Month, De Mar. 12	rth ey, Yeer) 2, 1904	Birthplaca (State or Foreign Country) Michigan
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th with the 23a or 28	ai Director	10e. Street end Number 3225 Kenyon Aven	ue		10f. Zip Code 21	213		10g. Citizen of	
72 hours after death with the Maryland "natural", or items 23a or 28a-f ehow selfal Examinat must be notified at	by Funeral	11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedant Ever in Armed Forces? 1 ☐ Yas 2 ☐ No If Yes, Giva Yaar or Dates:		Vas Decedent of I I Yes, specify Cub	Hispanic Origin? (Span, Mexican, Puerto Specify:	pecify Yas or No Rican, atc.)	- 14. Rad	ee - Amarican Indien, ck, White, etc.
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d 2 should be filed within the and Mental Hygiene. 7 Is marked other than treumatic event, the Mental treumatic event.	To Be	17. Fether's Name (First, Middle, Last) Albert Wisniewsk				18. Mothar's Nam Unkno		, Ma <i>id</i> an Su <i>ma</i> n	ne)
of Haali of Haali filem 2 r other		19e. Informant's Name/Reletionship (Albert Jones 20e. Method of Disposition Disposition 3	200	171 D. Plece of Dispos cematary, crem	6 Aberde	en Rd. Ba	ltimore Dete	e, Maryl 20c. Location	and 21234 City or Town, Stete
Pa Int:		4 Donation 5 Other (Specification 2))	Gardens	of Faith	Cem. 2-	24-97	Baltim	ore, Md.
permit. Departulmporta any Injt		Ville to	14	22		ក្សក្មក្ន Lair Rd. β		re, Mary	land 21236
ntificata be ng physicia a as tha bur	Med	23a. Part1. Enter the disease, or com- shock, or heart fellure. List only immediate Ceuse (Finel disease or condition resulting in death) Sequentially list conditions, if any, laeding to immediate causa. Enter Underlying Ceusa (Disease or injury that initiated events rasulting in death) Lest	e. Cerebro Dua to Dua to		uanca of):				interval Batween Onset end Deeth Worldoor 2 Oxtens
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e faw requira has been sig ja 2 should b	Completed	Chronic ,	Pran	Lyna	ligne		24e. Wes	en eutopsy ormed?	24b. Ware autopsy findings aveilabla prior to completion of cause of death?
iclen: The I cartificata he rector, paga	0	25. Wes casa referred to medical				26. Placa of Dee	th (Check only)		1 ☐ Yes 2 ☐ No
hys his al di	TOB	examinar? 1 Yes 28No		☐ ER/Outpatient	3LI DOA	nar: 45 Nursing Ho	ome 5 Rasi	dence 6 □Oth	
Attending P ir daath. ector: Affari by tha funari	Certification:	27. Manner of Deeth 1 Natural 5 Panding 2 Accident investigation 3 Suicide 6 Could not be		28b. Time of Injury	28c. Inju Wo M 1 □	ry et rk? Yas 2 □ No	28d. Dascribe	how injury occur	rad
tal or Attend rs aftar death al Director: ed in by tha	Certif	4 Homicide detarmined	28e. Plece of Injury - Al building, etc. (Spe	t homa, ferm, stre ocify)	et, fectory, office		28f. Location (City or To	Streat and Numb wn, Steta)	er or Rurel Route Number,
To the Hospital or At within 24 hours after or To the Funeral Directomplately filled in by	edicai	29a. Certifier (Check only one) 1 Certifying Physical Example (Check only one)	yeiclan: To the best of my k linar: On the basis of exami and manner stated.	nowledga, deeth Ination and/or inv	occurred at the tile estigetion, in my o	me, dete end plece, oplnion, deeth occur	end due to the red et the time,	ceusa(s) and ma deta end piece,	annar as steted. and due to the cause(s)
To the compla	_	29b. Signature end title of certifier	2. milyan	MD	29c. Licens	e number		29d. Dete signe	d (Month, Dey, Year)
Stat Registra	e	30. Name end addrass of person who of Walter R. We. 31. Dete filed (Month, Dey, Year) FEB 24 199	Lzant, M. D	, 760	o Osler	Drive,	Ste.		owson, MD 212

DHMH 16 Rav 6/95



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		1. Decedent's Name (First, Mic	ddle, Last)		reb <i>Cer</i>				2. Dete of De	Reg. No.		3. Time of Deeth
Physic		KATHLEEN				7.0	\TTN1	CON	Month	Dey	Year	
/Med		4e. Fecility Neme (If not institut	tion, give street and n	ımber)		0(SON lb. City, Town, or Lo	FEBRUA cation of Death			9:40P.N
Exami	iner	ST.AGNES HOS	or all the second					BALTIMO			N/A	
Funera		5. Sociel Security Number	6. Sex	7. Age (In yrs. le	st birthday)	If Under 1		If Under 24 Hrs.				ce (State or Foreign
Director		213-90-5626 Usuel Residence of Decedent	1□ M 2只F	33	Yrs.	Months	Deys	Hours Min.	April	y, Year) 13,1963	Mary 1	e (Stete or Foreign) and
yland #		10a. Stete 10b. Cour	nty	10c. City,	Town or Loc	ation					10d	Inside City Limits
r 28a-f ahow	to	Maryland Bal	timore	Ca	tonsv	ille						1 ☐ Yes 2 🔼 No
or 28	Director	10e. Street end Number				10f. Zip C	ode			10g. Citizen of	Whet Country	?
th wil		204 A Garden	Ridge Roa	ad				21228			U.S.A.	
dea F	Funeral	11. Meritel Stetus		edent Ever In U.S	. 13. W	les Deceder	nt of H	ispanic Orlgin? (Spe en, Mexican, Puerto	cify Yes or No	14. Rec	e - American	
of a should be filed within 72 hours after death with the Maryland and Mental Hygiene. The marked other than "natural", or flems 23a or 28a-f ahow traumetic event, the Medical Examines must be nothing as	by	1 ☐ Never Merried 2 ☐ M 3 ☐ Widowed 4 ☐ Divorc	arried 1 Tes	2 No ive		Yes 2			nican, etc.)	Specif	ck, White, etc White	
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should be and Mental marked of	2	Paul Rueda						Elizabe	eth Pil	key		
2 sh and and		19e. Informent's Neme/Reletio	enship (Type, Print)		19b. Meiling	Address (Street	end Number or Rura	I Route Numbe	er, City or Town	Stete, Zip Co	ode)
s 1 and 2 should if Health and Mer tham 27 Is marke other traumatic		Karl Johnson	(Husband)		204 A	Garde	n F	Ridge Road	Caton	sville,	Maryla	and 21228
permit. Pages 1 and 2 Department of Health Important: If Itam 27 It any Injury or other tra		20e. Method of Disposition 1☐Burial 2☐Cremetion	n 3 Removel from	State	notory, Grein	atory or our	or proc	~reb.24.	Dete	20c. Location	City or Town	, Stete
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or Attending Physicien: Tater death. Siter death. Siter this certificum In by the funeral director, pa		25. Was case referred to medic	1						1	res 2□No	1/01	'es 2□ No
ysician: is certifica director,	o Be	exeminer?	Hoepital:			-50.00	Oth	26. Plece of Deeth			\	
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deal ctor: y the	fica	3 ☐ Suicide 6 ☐ Coul	d not be	of Injury - At hom	e ferm stre				28f Location (5	Street end Numl	ner or Rurel R	hute Number
or last	Certification:	4 ☐ Homicide deter	buildi	ing, etc. (Specify)	0, 10.111, 31.10	or, ruotory, c	11100		City or Tow		01 11 11 11 11 11	outo reambor,
spita ours ours filled		29a. Certifier 1□ Certify	ring Physicien: To the	best of my knowing	edge deeth	occurred et	the tim	ne dete end plece e	and due to the	Seuse(s) and ma	anner as etete	ad
To the Hospital or Attending Phy within 24 hours aftar death. To the Funeral Director: After thi complately filled in by the funeral	edical		al Examiner: On the b	asis of examinetio ner stated.	n end/or Inve	estigetion, in	my o	pinion, deeth occurre	ed et the time,	dete end pieca,	end due to th	e ceuse(s)
To th To th comp	Me	29b. Signeture end title of certif	ier	,		29c. L	icense	number		29d. Dete signe	d (Month, De	y, Year)
-		16.0	. 111	, .		0	. C	M.E.	1	FEBRUA:	RY 20	. 1997
		30. Name end address of perso	on who completed caus	se d death (Item 2	3a) (Type. P		. •				20	, 2001
		-					St	treet, B	altimo	ore. M	arvla	nd 2120
		MANINUE	mi Pun								war y in the	IIU ELEU
Sta	ate	31. Dete filed (Month, Dey, Yea		Registrar's Signatur							ary ru	na zizo



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month **Physician** HARRY KAUFMAN /Medical FEBRUARY 20, 1997 10:00am 4a. Fecility Name (If not Institution, give street end number 4b. City, Town, or Location of Death Examiner 4c. County of Death HEBREW HOME OF GREATER WASHINGTON ROCKVILLE If Under 24 Hrs. MONTGOMERY 5. Sociel Security Number if Under 1 Year Birthplece (State or Foreign Country) 6. Sax 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Yeer) **Funeral** XXM 2□ F Months Days Hours Min. Yrs Director 156 09 8448 85 JULY 28, 1911 POLAND the Maryland 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits Medical Examiner must be notified at Director Nes 2□No MARYLAND MONTGOMERY ROCKVILLE 10e Street and Number 10f. Zio Code 10g. Citizen of What Country? ŏ items 23a death Funeral 6121 MONTROSE ROAD 20852 U.S.A.

14. Race - American Indian,
Bleck, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Status Peges 1 end 2 should be filed within 72 hours efter 1 Never Merried 2 Married 'natural', or i Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: by XXWidowed 4 ☐ Divorced Specify: WHITE Be Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry Hygiene. Elamantary/Secondary (0-12) College (1-4or 5+) 20 TAILOR SELF-EMPLOYED other t -10 -17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meidan Sumeme) and Mental is marked 2 UNAVAILABLE IINAVATI.ARI.E. 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rurel Route Number, City or Town, State, Zip Code) permit. Peges 1 and 2 s Depertment of Health ar Important: If itam 27 is any injury or other trau ROCHELLE SHUSTERMAN-DAUGHTER 11922 BARGATE CT. ROCKVILLE, MD. 20852 20e. Method of Disposition 20b. Placa of Disposition (Nema of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State 2/23 4 ☐ Donation 5 ☐ Other (Specify) JUDEAN MEMORIAL GARDENS 1997 OLNEY, MARYLAND 21. Signature ineral Service Licenses 22. Name end Address of Facility IVES-PEARSON FUNERAL HOMES FALLS CHURCH, VA. 22046 23a. Part1. Enter tha diseese, or companies, or heart failure. List on plications thet caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrast, one ceusa on each line. Approximata Interval Batween Onset and Deeth **Physician** OF ALZHEIMER'S TYPE /Medical Immediate Ceuse (Final disease or condition resulting in death) Examiner Examiner The law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Last bunial-tran Due to (or as e consequenca of): P.O. Box 68760. Physician/Medical the Due to (or as e consequenca of): USB BS Part II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Qunknown DISEASE Records, þ 8 page 2 should 24b. Were autopsy findings evailable prior to completion of cause of deeth? Completed 24a. Was an autopsy performed? 1 ☐ Yes 2 ☐ No of Vital or Attending Physician: director. Be 25. Was case referred to medical exeminer? 26. Placa of Death (Check only one) Other: Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28e. Date of Injury (Month, Dey Year) 27. Manner of Deeth 28d. Describe how injury occurred After t Certification: 28b. Time of 28c. Injury at Work? Division 1 Naturel 2 Accident 5 Pending Investigation Injury s after death.
I Olrector: Af 1 Yes 2 No 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide To the Hospital o within 24 hours af To the Funeral Dicompletely filled i Medical 29a. Certifier 1/ Cartifying Physician: To the best of my knowledga, death occurred at the time, date and placa, end due to the cause(s) and mannar as stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and mennar stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D18084 I-EB. 20,1997 30. Nama and eddress of person who completed causa of death (kem 23a) (Type, Print) GIZI MONTROSE RD, ROCKVILLE, MD20852 14-1. 31. Dete filed (Month, Day, Year) FEB 2 4 1997 32. Registrare Signature State Registrar

DHMH 16 Rev 6/95



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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Yeer 7 Month Kramer 415 am ugust 02 21 4e. Facility Name (If not institution, giva street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth HOPKINS BAYVIEW GERIATRIC CENTER BALTIMORE If Under 24 Hrs. 8. Deta of Birth (Month, Dey, Year) 5. Social Security Number If Under 1 Year Months Deys 6 Sav 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) 1 M M 2□ F Yrs. 213 09 9404 87 JAN, 23, 1910 MARYLAND Usuet Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. toside City Limits 1XYes 2□No BALTIMORE MARYLAND LA 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 427 ELRING 21224 UNITED STATES 12. Was Decedent Ever in U,S. Armed Forces? Was Dacadant of Hispenic Origin? (Specify Yas or No If Yas, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - Amarican Indien, Black, White, etc. 1 Never Marriad 2 Married 1 ☐ Yes 2 M No If Yes, Giva Year or Detes: 1 Yes 2 X No Spacify: Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Bustness/Industry Eiementery/Secondery (0-12) College (1-4or 5+) WAREHOUSE SUPERVISOR 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) KRAMER (UNKNOWN (UNKNOWN) 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Coda) DOUGLAS FARROW SON 4368 KOLAND SPRINGS DR. BALTIMORE, MD 21210 20b. Piece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Buriel 2 Cremetion 3 ☐ Removel from State GREEN MOUNT CREMATORY BALTIMORE, MD 5 Other (Specify) 4 Donation 22. Name end Address of Facility CAFA STETHEN D. 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. BALTIMORE, MD 21286 Approximete Intervel Between Onsat and Deeth immediate Cause (Final disaesa or condition resulting in death) Due to (or es a consequence of): Ivacheal Sequentielly tist conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting In deeth) Lest Due to (or es e consequenca of) Recurrence Laryngeal Cancer Due to (or es a consequence of) Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Duggessive 24b. Were eutopsy findings evaileble prior to completion of causa of deeth? 24e. Wes en autopsy performed? F.S. Mation 2 No 1 Yes 2 No 25. Wes cese referred to medical 'exeminer? 26. Plece of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No

Physician /Medicai Examiner

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Records, P.O. Box 68760.

of Vital

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Physician

/Medical

Director

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Completed

Examiner

Funerai

Director

7 is marked other than "natural", or items 23s or 28s-f show treumstic event, the Medical Examiner maint be notified at

the Maryland

death

Baltimore, Maryland 21215-0020

Pages 1 and 2 should be filed within nent of Health and Mental Hygiene. nt: If Item 27 Is marked other than '

other

5

-transit the burial 98 signed by d be detect

Examiner Physician/Medical à

5 Pending investigation

6 Could not be determined

Bed

28e. Dete of Injury (Month, Day Year)

Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) 28c. tnjury et Work?

28d. Describe how Injury occurred 1 ☐ Yes 2 ☐ No

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

112 Certifying Physicfan: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29c. Licansa numbar 29d. Data signed (Month, Day, Year) D50648 02/21/97 am Donald

30. Name and address of person who completed cause of death (Itam 23a) (Type, Print) Johns Hopkins Gerictic Center Hopkins - Boyview Baltimore and 91234

28b. Time of

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

27. Menner of Deeth

1 Naturel

3 ☐ Suicide

29e. Certifier

2 Accident

4 Homicide

(Check only one)

29b. Signature and ride of participation

CV 32 Registrats Signatura Fulia Davidson—Aandall

Registrar

Medical

within 2 To the

BULLETA PART ST. ST. OL. X1 V 1002 Disch de l'action de l'appear d'Anne Messell d'All des l'est l'Anne de l'est

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item5 3-25-97 FilmG745 W.H.Per F/H Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death Dev Year **Physician** CHARLES A. KING FEBRUARY 15, 1997 /Medical 2350 4a. Facility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Agnes Hospital Baltimore N/A | If Under 1 Yeer | If Under 24 Hrs. | 8. Date of Birth | 9. | Months | Days | Hours | Min. | March | Dey 2 9 1 1900 Sex 10 M 20 F 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 96 Yrs Conneticut Director Usual Residence of Decedent the Maryland Maryland Baltimore 10c. City, Town or Location 10d. inside City Limits r 28a-f show a notified at Arbutus 1 ☐ Yes 2X No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? permit. Papes 1 and 2 should be filed within 72 hours after death with: Department of Health and Mental Hygiene.
Important If Item 27 is marked other than "natural", or items 23s or say injury or other traumatic event, the Medical Examiner must be notice. 1051 Maiden Choice Lane 21227 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Rece - American Indian Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify Specify: white by 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) unknown unknown 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Unknown Unknown 19a. informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2.1.2.2.7 Virginia Anderson 1051 Maiden Choice Lane Baltimore, Maryland 20e. Method of Disposition
1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 2/24/97 Catonsville, MD. 4 Donation 5 ☐ Other (Specify) Metro Crematory Sgnature of Funeral Service Licensee 22. Name and Address of Fecility Ambrose Funeral Home, In 1328 Sulphur Spring Road Inc. Arbutus 21227 23a. Jan 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate interval Between Onset and Death **Physician** /Medicai mediate Cause (Final sease or condition sulting in death) CUT Examiner Due to (or as a consequence of) Mari O attending physician and for use as the burial-transit requires that the death certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to or as e consequence of): Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): aigned by the aid to be detached for Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior fo Completed 24a. Was an autopsy has been completion of cause of death? M 2 No 1 Yes 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical 26. Plece of Death (Check only one) examiner? Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 2 No 0 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA Certification: 27. Manner of Deeth 28e. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Neturai al or Attender s after death 1 Yes 2 No 2 Accident filled in by the 6 ☐ Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ HomicIde To the Hospital o within 24 hours aff To the Funeral Di completely filled in 12 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) end manner as atated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29e. Certifier edical (Check only

State

Registrar

onel

29b. Signature and title of certifier

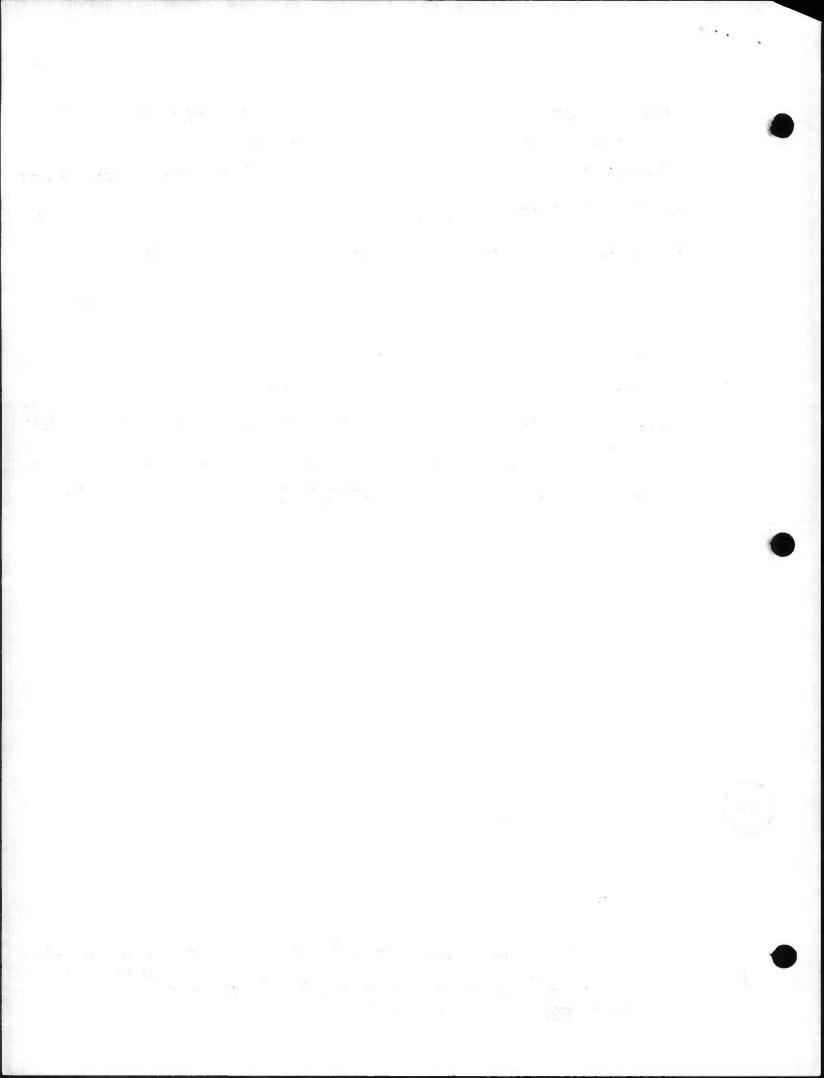
gres Healthcore 32. Registrer Signature

and eddress of person who completed cause of death (item 23a) (Type, Print)

29c. License number

29d. Date signed (Month, Day, Year)

Ecbruary 6.1997



State of Maryland / Department of Health and Mental Hygiene

05324

Physician	
/Medical	
Examiner	

Anna M.

3. Time of Death

Funeral Director

> 10a State Director

> > Funeral

þ

Completed

the Marylend item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Magical Examination must be notified at 72 hours efter

filed within 7 Hygiene. permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If item 27 is marked other any Injury or other traumatic event.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

Examiner that the deeth certificate be executed bunel-transit and physician a Physician/Medical the signed by t þ The law requires Completed peen page 2 director Be 2 Certification:

Box 68760

of Vital Records, P.O.

Medicai Tot

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth February 20, 1997 Kendal1 0125 A.M. a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Genesis Elder Care Heritage Dundalk Baltimore | H Under 1 Yaar | H Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) | Dec . 25 , 1911 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 1□M 2XF 219-10-8462 85 Yrs. Maryland Usual Residance of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Md. Baltimore Edgemere 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 9028 Avenue B 21219 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☒ No If Yas, Give Year or Dates: 13. Was Dacedenl of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 11. Marital Status 1 □ Never Married 2 □ Married 1 ☐ Yes 2 No Specify: Specify: White 3℃ Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retirad) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12)

6 VIS College (1-4or 5+) yrs. Cook V.A. Hospital 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Frank Stamm Henrietta Heisner 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Ronald F. Kendall 9026 Avenue B Edgemere Md. 21219 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 K Burial 2 ☐ Cremation 3 ☐ Removal from State Oak Lawn Cem. 2-24 Baltimore 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Connelly Funeral Home Of Dundalk o of European Sa 7110 Sollers Point Rd. 21222 Parts. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, hock, or heart failure. List only one cause on each line. Approximate Interval Batween Onsat and Death Coronary Artery Disease Immadiate Cause (Final disease or conditi-rasulting in death) ENSION Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yss 2 ☐ No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

26. Place of Death (Check only one)

1 ☐ Yes 2 ☐ No

25. Was case referred to medical axaminer? 1 Yas 2 No

5 Panding

6 Could not be determined

28a. Date of Injury (Month, Day Year) invastigation

28b. Time of

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 ☐ Inpatient 2 ☐ ER/Outpatiant 3 ☐ DOA 28c. Injury at Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Dascribe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier

27. Manner of Death

2 Accident

4 - Homicide

3 Suicide

1 Natural

tale Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted.

29c. License number

29b, Signature

D14160

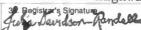
29d. Date signed (Month, Day, Year)

February 22, 1997

30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)

Harjit Singh, M.D., 5410-A Ritchie Highway, Baltimore, Maryland 21225 31. Date filed (Month, Day, Year) FEB 2 4 1997

State Registrar



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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1, Decedant's Name (First, Middla, Last) 2. Date of Death 3 Time of Death **Physician** JOSEPHINE KELLY FEBRUARY 12, 1997 6:40 PM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Berlin Nursing Home Rerlin Worcester Co. If Undar 24 Hrs. Hours Min. 5. Social Sacurity Number If Undar 1 Year 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) **Funeral** Months Days 1 M 25KF Director 218-14-0772 88 March 28,1908 Tunisia Usual Residence of Decedent with the Maryland 10a. State 10c. City, Town or Location 10b. County 10d. Inside City Limits ahow r than "natural", or items 23s or 28s-f show the Wedical Examiner must be notified at Baltimore Co. Maryland Lutherville Director 1 ☐ Yas 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 120 East Aylesbury Road 21093 United States death 12. Was Decedant Evar In U,S. Armed Forces? 13. Was Dacedant of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status permit. Peges 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If New 27 is marked other than "natural", or iten any injury or other traumatic event, the Medical Examina 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 XNo Specify Specify: g White 3 ☑ Widowed 4 ☐ Divorced 15. Decedant's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life, DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 06 Restaurateur Food Service 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) 0 Joseph Loiverio Genevieve Sapia 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Mrs. Maria F. Poulos (Daughter) 702 North Surf Road Ocean City, Maryland 21842 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, State 1 Buriei 2 Cramation 3 Removal from State
4 Donation 5 Other (Specify) Entombrient Most Holy Redeemer Cem. 02/18/97 Baltimore, Maryland 21. Signature of Funaral Sarvice Licensee Jeffrey L. Gair 22. Name and Address of Facility Ruck Towson Funeral Home, Inc. 1050 York Road Towson, Md. 21204 23a. Part / Ental that disease for complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Ust only one cause on each line. Approximate Interval Between Onset and Death **Physician** Multiple mejeloun-Immediata Causa (Final disease or condition resulting in death) /Medical Examiner Examiner requires that the death certificate be executed Sequentially fist conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last physician and the burial-tran Due to (or as a consequence of) P.O. Box 68760, Physician/Medical Due to (or as a consaquance of): use ò signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dfd tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peed hes 1 ☐ Yas XXNo 1 Yes XXNo certificate director. 25. Was case referred to medical axaminar? 26. Place of Death (Check only one) Hospital: 2 1 Yes 2 No Other: Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Manner of Death Certification: 28a. Date of fnjury (Month, Day Year) 28h Time of 28c. Injury at Work? 28d. Describe how Injury occurred After 1 Natural 2 Accident ne Hospital or Attending n 24 hours after death. he Funeral Director: Afte 5 Pending Investigation 1 ☐ Yes 2 ☐ No 3 Suicide 6 ☐ Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 - Homicide 1 Certifying Phyafcian: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. cal 29a: Cartifier To the Hosp within 24 hor To the Fune completely fi B 29b. Signatura and life of certifier 29c. Licanse number 29d. Data signed (Month, Day, Year) my D02026 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) FEDERICO G. ARTHES, MD 1622A OCEAN PINES BERLIN 21811 32. Registrar's Signature State hie Davidson-Randelle Registrar

DHMH 16 Ray 6/95

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State of Maryland / Department of Health and Mental Hygiene

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		7	1. Decedant's Nam	a (First, Middla, La	ist)						2. Data of De	eth		3. Tima of De	ath
	Physic		Amelia	Lill	ian	Klasm	eier				Month Februa	ry 19	Yaar 1997	1:30	pm
	/Medi Examii		4a. Facility Nama (41	c. City, Town, or	-	1	y of Death	2.00	P-111
			Stella M		Sax	" Ann //n /	land frieth eland	If Undar 1		OWSON If Undar 24 Hrs.	0.0-4-40		imore		
	Funeral Director		212-09-39 Usual Rasidance o	84	1□M 2XIF	7. Aga (In yrs. I. 96	Yrs.	Months [Hours Min.		5 1900	9. Birthp Cour Mar	placa (Stata or Fo ntry) yland	preigr
	ylend wow		10a. State	10b. County		10c. City	, Town or Lo	cation					1	Od. inside City L	.imlts
	Man	to	Md.	Anne Ar	undel	Gle	en Bur	nie						1 ☐ Yas 2 €	No
	or 28	ire	10e. Street and Nu	mber				10f. Zip Co	oda			10g. Citizen of	What Cour	ntry?	
	th wi	Funeral Director	7643 Bea	ver Rd.				21	060			U	SA		
	dea m	In Ber	11. Marital Status		12. Was Dece	edant Evar In U.S		Was Decedar	nt of His	spanic Origin? (S n, Maxicen, Puart	pecify Yas or No	- 14. Ra	ce - Amaric		
21215-0020	d 2 should be filed within 72 hours after death with the Maryfend th and Mental Hygiene. The marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Evantinal must be notified at	þ	1 ☐ Nevar Marr 3 🖾 Widowad	ied 2 Married 4 Divorced	1 □ Yas If Yas, Giv Yaar or D	r at		1□ Yas 2√		Specify:	,	Speci	fv:	ite	
5-0	72 ho	Completed	(Spec	15. Decedant's E	ducation		16a. Deced	dant's Usual C	Occupat	tion uring most of wor	rkina	16b. Kind of E	Businass/In	dustry	
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and	nould be filed within a Mental Hygiene. merked other then metic event, the Mental Hygiene.	Be	17. Fathar's Nama	(First, Middla, Last)		Mari	_		18. Mothar's Nar	na (First, Middla	, Maidan Suma		0.000	
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Ba	Depe Impo		V.	11	0 8					son Fune	eral Hom	e,Inc.			
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P.0	that the dended by the detached	hys.						roun, mg out	ou givu			Yes 2□ No			
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of Vital Records,	been s	Completed				_						an autopsy ormed?	av	are autopsy findi aileble prior to mpletion of ceus daath?	_
Re	The lav ate has page 2	шо									10	Yas ZYNo		Yas 2□No	
ta		Bec	25. Was casa rafar	red to medicel						26. Place of Dec	ath (Check only				
2	Physician: this certific ral director,	To B	axaminar? 1 ☐ Yas 2 ☐	No	Hospital: 1 🗆 I	npatiant 2 🗆 E	ER/Outpatien	t 3□ DOA	Othai		loma 5□ Rasi		har (Specif	v)	
	After fune		27. Mannar of Death	n 5 Pending invastigetion	28a. Data o (Mont		28b. Tima of Injury		Injury Worki			how Injury occu			
Division	or Attending after death. Director: After In by the fune	Certification:	3 ☐ Suicida 4 ☐ Homicide	6 Could not b	e 28a. Placa	of Injury - At horng, atc. (Specify,		aat, factory, o	offica		28f. Location (City or To		ber or Rura	al Routa Number,	,
۵	ospital or hours a uneral D		29a. Certifiar (Check only	1 Certifying Ph	ysician: To tha	best of my know	ledga, daath	occurred at t	tha time	, deta end place	, and dua to the	cause(s) and m	annar as s	tated.	
	the F the F tplet	ledicai	one)	2 Medical Exam	and manr	nar stated.	on and/or inv	rastigation, in	ту орг	nion, deeth occu	rred at the time,	dete and piece	, end qua to	tne causa(s)	
	F 1281	Z	29b. Signatura and	titla of certifiar	00	2 - /		29c. L	icanse	number		29d. Data sign	ed (Month,	Day, Year)	
	(-)		TE	indall	1140	rulla	elles	D	2	5643		0/10	1/97		
į,	7		30. Nama and addre							77	-		0300		
	Sta	te	31. Data filed (Mont			egistrar's Signati	uren e	. 1	Va.	lley Rd	Tows	on, Md.	2120	4	
	Registr		FEB	2 4 1997	gu	a working	-gandel								

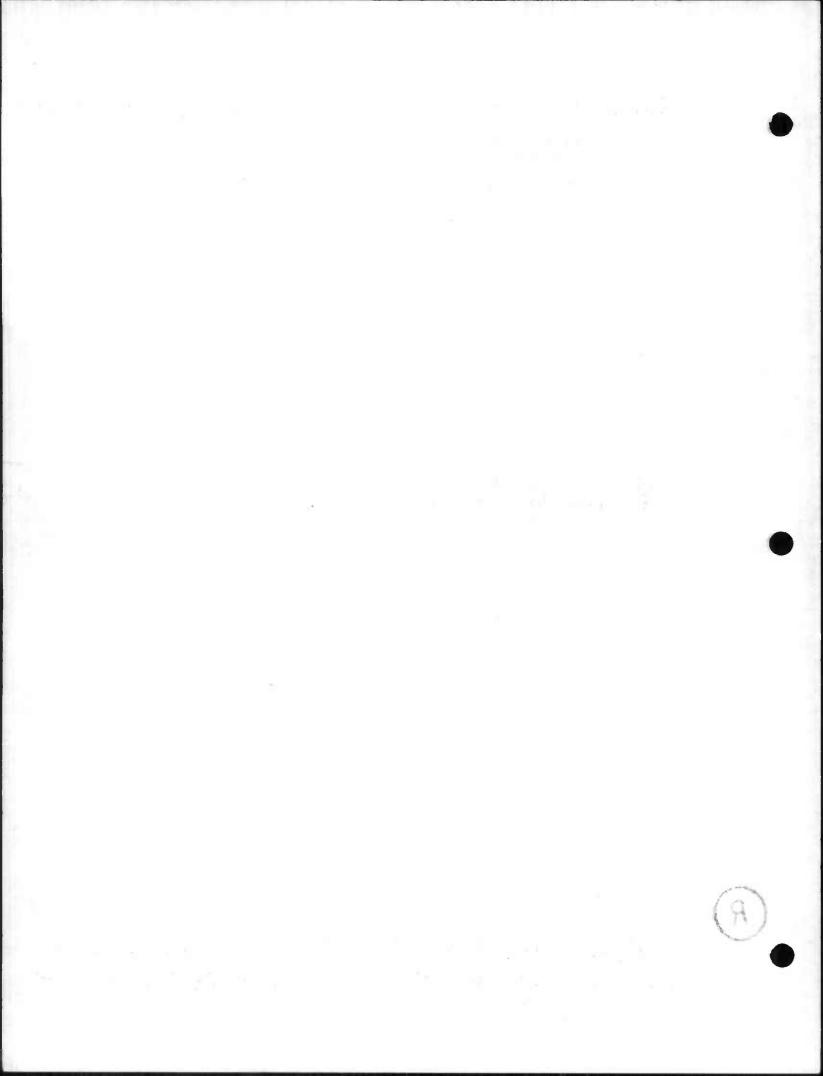
THE RESERVE OF THE in The Rev. In the Facility Bill of the 2016. I consequences are made

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State of Maryland / Department of Health and Mental Hygiene 97 05327

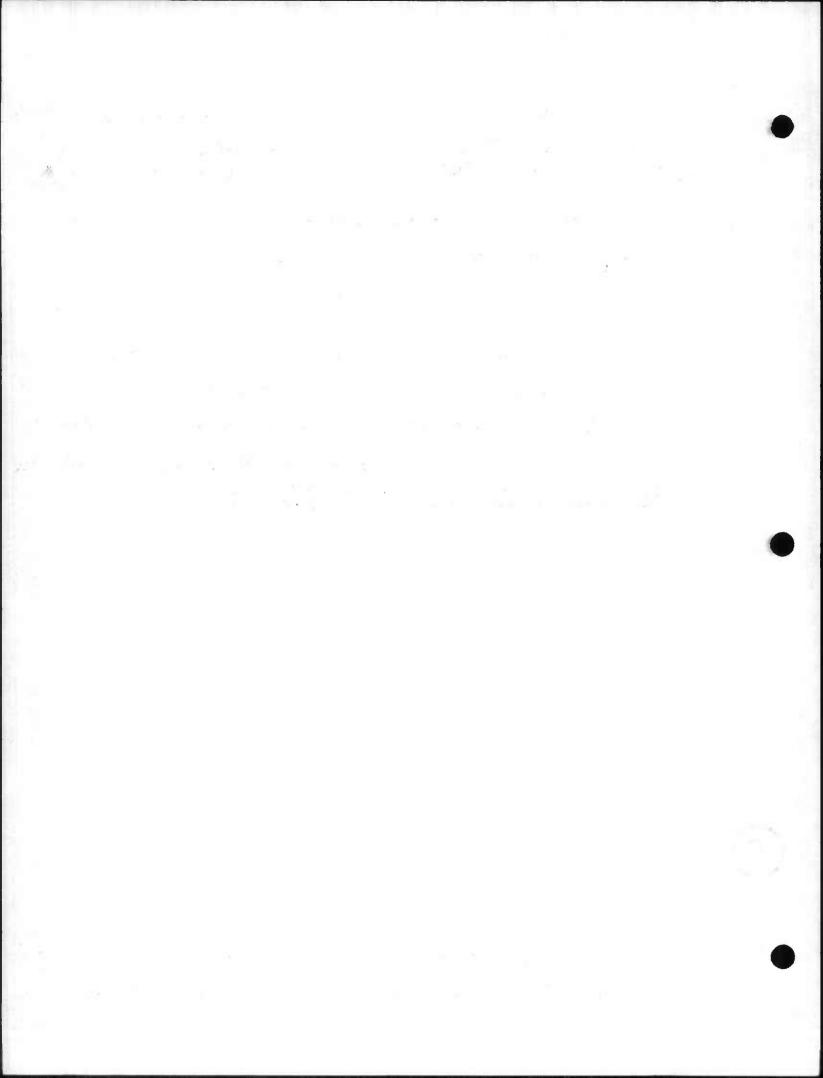
						Cert	ificate of	Death		Reg. No.		15321
Phy	ysicia	in	1. Decedent's Neme (First, Middle, I	Luckett	-				2. Date of De	Day	1997	3. Time of Death
1000	ledic	17611	4a. Facility Neme (If not institution, g					4b. City, Town, or	Location of Deel	1	, ,	7.0011
EX	amin	er	Liberty Medic	- /) /A	ter			Baltim		NA	OI DOGUI	
Fund	eral		A control of the cont	Sex 7. A	1	last birthdey)	If Under 1 Year	If Under 24 Hr	8. Date of Bi		9. Birthpl	ace (State or Foreign
Direc			043-52-3/28 Usual Residence of Decedent	1□M 20€F	39	Yrs.	Months Deys	Hours Min	June 1		Count	met
death with the Maryland	III De	or	10a. State 10b. County	A	0	y, Town or Local Himore					10	od. Inside City Limits
the 1	DOLL	rect	10e. Street and Number			TITTOPE	10f. Zlp Code			10g. Citizen of \	What Count	
th with	8	Funeral Director	2000 Presbu	WIA SY	reet	_		2/7		/	5.A	.,,
	L MAST	ner	11. Marital Status	12. Wes Deceden		,S. 13. W		Hispanic Origin? (Specify Yes or No	- 14. Rac	e - America	an Indian,
			1 Never Married 2 Married 3 Widowed 4 Divorced	1 Yes 20 If Yes, Give Year or Dates	No		Tes, specify Cub ☐ Yes 2 12 No		no Hican, etc.)	Specify	ck, White, e	,
15-002 72 hours natural.	Scal	ted	15. Decedent's (Specify only highest g	Education		16a. Decede	nt's Usual Occup	pation		16b. Kind of B	usiness/Ind	ustry
21215-0020 within 72 hours at piena.	One Mes	Completed by	Elementery/Secondary (0-12)	College (1-4or	r 5+)		etary	during most of wo d)	orking	F1000	e Co	ntn/
Maryland 212 d 2 should be filed within the ond Mental Hygiena.	A	Be	17. Fether's Neme (First, Middle, Las Lucker	st)		00/	210019	18. Mother's Ne	me (First, Middle	, Maiden Suman	ne)	
Should Me	De L	ို	19a. tnformant's Name/Relationship	/		19b. Malling	Address (Street	end Number or F		er. City or Town	State Zin	Code)
Me nd 2 slith er 27 is	1		Clayton Crowd.	_	rel	2000	(1)	_	treet	Balta	ud	71217
or Health	6		20a. Method of Disposition	, , , , ,	20b. P	lece of Disposi			Date	20c. Location -	City or Tox	vn, State
Pages nent of mt: if it	6	4	1 Burlei 2 □ Cremation 3 4 □ Donation 5 □ Other (Spec	□Removal from State cify)	M.	+ 210n	1	etery	2-25-97	Lansd	au s	nd
Baltimore, N permit. Pages 1 end Department of Health Important: If Nem 27	Suce.		21. Signature of Funeral Servica Lice	ensee ()	,	321	Name and Addre	ess of Fecility	+		ow.	,/
0 28 E	Suc		Hlyns	B. Ha	Mi) 190		Wabash		Bn 14	Md	21215
			23a. Part . Enter the crease, or conshock, or heart takere. List only	mpilcations that cause	ed the deeth	h. Do not enter	the mode of dyle	ng, such es cardia	ic or respiratory	rrest,		Approximate Interval Between
Physic /Medi			tmmediate Cause (Final			moni						Onset and Death
Exami	ner		disease or condition resulting in death)	a		r as e consequ						coord?
70 4	4	ner		. Co		omyo	11,					
acute		Examiner	Sequentially list conditions,	0.		r as a conseque	1					
58760, icate be axecuted physician end	euna !	E E	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury	. Ke	nal	failu	we					
68760, ficate be a	en se	edicai	that initiated events resulting In death) Last	^	0 -	r as a conseque	ence of):	,	Synd			
Box (settiful centifu	es es			Heguir	ent 1	Lunnu	mo de l	iciency	Syna	vouc		
Bett ett	0	Ca	Pert II. Other significant conditions	contributing to death	hut not con	ulting in the cond	ladulas aguas si	on in Dort I	oah Did	tobacca use so	ndelbuda da	the cause of death?
I Records, P.O. Box 68760, The law requires that the deeth certificate be asset to the supervisor of t	e coe	Physician/M	Total Summer Conditions	contributing to death	out not rest	aiting in the und	enying cause gr	ven in Fait i.		Yes 2 No	3 Prob	
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Records, he law requires to a has been signed and a page of the law required to a law law law law law law law law law l		ted							24a. Wes	an autopsy ormed?	ava	re eutopsy findings liable prior to
e law n		Completed								/	of d	npletion of cause leath?
	58	S							10	Yes 212 No	1 🗆	Yes 20 No
on of Vital Island Blung Physician: The After this certificate function of the After this certificate	5 4	e B	25. Was case referred to medical examiner?	Hamita'ı			104		eath (Check only	one)		
Of Ohysis this call disc	5 1	2	1 Yes 2 No 27. Manner of Death	Hospital: 1 Inpat		ER/Outpatient		4 Li Nursing	Home 5 Res)
C 9 9 8		0	1 Natural 5 ☐ Pending	28a. Date of Inj (Month, Di	ey Year)	28b. Time of Injury	28c. Injui Woi M 1 □	rk? Yes 2 □ No	28d. Describe	how injury occur	red	
Division or Attending latter deeth. Director: After	ein ko	Certification:	2 Accident Investigation 3 Sulcide 6 Could not determine	be 28e. Place of Ir	njury - At ho	ome, ferm, stree	et, factory, office	100 2 110	28f. Location (Street and Numb	er or Rural	Route Number,
(P))	edical	29a. Cartifier 1 Cartifying P (Check only one) 2 Medicat Exs	hysician: To the best miner: On the basis of end manner s	of examinat	wledge, deeth o tion and/or inve	occurred at the tir stigation, in my o	me, dete end plac opinion, death occ	a, and due to the urred at the time,	cause(s) and ma dete and plece,	nner as str and due to	ited. the cause(s)
44	/	§ ≥	29b. Signature end title of certifier	one manner 3	Lucinor Mile		29c. Licens	se number		29d. Date signe	d (Month, E	Day, Year)
-			Dames X	INTIO.	, IXX	nD.	DH	1365	-	Foloson	11/19	1997
NV		-	30. Name and address of person who	completed cause of	death (Item	23e) (Type. Pr	rint)			report		1000
. H	1		George E. U	Jicks I		1.12	2607) Litre	aty Ke	ights	Ave	21215
Pos	State		31. Date filed (Month, Dey, Year)	32. Regist	trar's Signal	ture			1			

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

				Otate of Marylan		te of Death	Reg.	2	/ 05	1328
			1. Decedent's Nama (First, Middla, Las	1)			2. Date of Deeth			ima of Death
	Physici /Medi		Thomas	semon >	JR.		Month T-e/Lyan	Dey / YE	P7 6	: 45 px
	Examir		4a. Facility Nama (If not institution, give			4b. City, Town, or	Location of Death	4c. County of	Death	
			Worth week	T HOPIN	tal	Rondo	411ton	tra	/ tion	
	Funeral		5. Sociel Sacurity Number 6. Sa	7. Age/(in yrs.	Months	ar 1 Yaar If Undar 24 Hrs	8. Date of Birth	ear) 9.		tate of Foreign
	Director		210-46-0104	TW ZUF HO	Yrs.		may 17,	1947	ſ	nd
	pur *		Usual Residence of Decedant 10a. Stata 10b. County	10c Cit	v. Town or Location		<u> </u>		10d ine	ida City Limits
	aho aho	5	md NA		0 11	NP CT				Yas 2□No
	Ne N	ecti	10e. Street and Number			NORE	1.0	6 54 4148		(
	N of	ā	100 1) pman	no Kara	101. 2	ip Coda	109.	Citizen of Wha	at Country?	
	deeth with the Maryland rms 23a or 28a-f show I. must be notified at	Funeral Director	TO TOP		C 12 Was Des	adopt of Missourie Origins (Casally Vac as No	AZU	American Indi	lan
	tar de Mem	'n	11. Meritel Stetus 1 ☐ Nevar Married 2 Merried	12. Was Decedent Ever in U. Armed Forces? 1 □ Yes 2 □ No	If Yes, sp	edant of Hispenic Origin? (ecify Cuban, Mexican, Pue	to Rican, etc.)	Black, \	Whita, etc.	eri,
20	hours aftar deeth with the Marylar urat', or Items 23a or 28a-f show at Examiner must be notified at	by F	3 □ Widowed 4 □ Divorced	If Yas, Giva Yeer or Datas:	1 ☐ Yas	2 No Specify:		Specify:	Blac	:k
21215-0020	72 hours "natural",	Pe	15. Decedant's Edu	ucation	16a. Decedant's Us	ual Occupation	160	b. Kind of Busin	ess/Industry	
215	n "nat	Completed	(Specify only highest grad Elementery/Secondary (0-12)	le completed)	(Giva kind of w	ork done during most of wo usa retired)	orking			
21	d within piene. r than "	mo:	12+6	Collega (1-4or 5+)	BUR	NER	B	retht	emen	Steel
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lar	Mental Mental arked o	TOE	Thomas L	RMON		Jan	CE HU			
Maryland	SEE	-	19e. Informent's Name/Ralationship (T		19b. Melling Addras	ss (Street and Number or F		ity or Town, Ste	ate, Zip Coda)	
	alth a		DORIS Lemo	in-Wite	10700	manor R	oad ba	ito. M	d. 21	(556
ore	of He day		20e. Mathod of Disposition		Place of Disposition (No	ame of		c. Location - City	y or Town, St	ate
Baltimore,	permit. Pages 1 and Department of Health Important: If Item 27 any Injury or other tr once.		1 ☐ Buriel 2 ☐ Cramation 3 ☐ I 4 ☐ Donation 5 ☐ Othar (Specify,	ramoval from Stata	PRISODE	telliet.	2/24/97	DINIA	5 Mi	Us me
att	permit. Pa Departmer Important: any injury		21. Signal va of Funeral Service Licans	1999		and Address of Facility	1 Home-	town	5	
m	Depa Impo any i		Mlylan	B. Stine	Man	in tunera	Ann R	alto. 1	5 am	71515
	-		23a. Part1. Entar tha dishusa, or comp shock, or haart failure. List only o	ications that caused the daet	h. Do not antar tha mo	oda of dylng, such as cardle	ic or respiratory arrest	-	Appro	oximata al Between
	Physician		shock, or heart failure. List only o	ne cause on aech lina.					Intarv Onset	al Between t and Death
	/Medical		tmmediate Causa (Final	Cub7.	chair	/ 1. 14/)	Lee Ext	0 . 1	1. 12	
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		ner		y Dua 10 (0	i as a consequance of	<i>P</i> :		•	1	
	ifficata be axecuted g physician and as the buriel-transit	Examiner	Sequentially list conditions	b. ————————————————————————————————————	r es e consequence of);				
0,	an ar		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events						1	
68760,	ificata be axecu g physician and as the buriel-tra	edical	Cause (Disaasa or injury thet initieted events rasulting in death) Last	c. Dua to (o	r as a consequence of):				
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Box	death cer ie ettendir ed for usa	an		d					1	
	thet the death certified by the ettending detached for use as	Physiclan/M	Part it. Other significant conditions co	ntributing to death but not rase	ulting In the underlying	causa givan in Part I.	23b. Did toba	cco use contri	bute to the ca	suse of death?
P.0	of the	Phy					1□ Yes	2□ No 3[Probably	4 Dunknown
	res that the signed by to be detach	Ď								/ -
Records,	v require been si should	pet					24a. Was an a	utopsy 2	24b. Wara auto evailebla	prior to
00	aw r	Die							of death?	on of cause
æ	The law requires thet the ste has been signed by the page 2 should be detache	Completed					1 ☐ Yas	2 No	1 🗆 Yas	2 No
Vital	ysician: The law is certificate has director, page 2	Be C	25. Was casa refarred to medical			26. Placa of De	eath (Check only ona)			
7	ysici is ce direc	To	axaminar?	Hospital: 1 Inpatiant 2	ER/Outpatient 3 C	OOA Other: 4 Nursing	Home 5 ☐ Residanc	a 6 Othar ((Specify)	
2	200		27. Mannar of Death 1 XNaturel 5 ☐ Panding	28a. Deta of tnjury (Month, Day Year)	28b. Tima of Injury	28c. tnjury at Work?	28d. Dascribe how	injury occurred		
(<u>@</u>	P)	atic	2 Accident invastigation	(, 22,,	M	1 ☐ Yas 2 ☐ No				
E	The last	Certification:	3 ☐ Suicida 6 ☐ Could not be determined	28a. Placa of injury - At he building, atc. (Specify	oma, ferm, street, facto	ry, offica	28f. Location (Stree City or Town, S	t and Number o	or Aural Route	Number,
0	25.20									
	tosp t hou uner	edical	29a. Cartifiar 1 Certifying Phy (Check only 2 Madical Exam)	stcian: To the best of my knowner: On the basis of examiner	wladga, daath occurre	d at tha tima, date and piec	a, and dua to the caus	e(s) and manna	ar as stated.	iuse(s)
	To the Hospital within 24 hours of the Funeral Completely filled	8	one)	and mannar stated.						
	5 1 × 5 0 0	Σ	29b. Signature and titla of certifiar		2	9c. License number	29d.	Dete signed (A	vionth, Dey, Y	981)
			Alice	451		M437	74 1.	charan	1)	1111
	5+1		30. Nama and address of parson who co	omplated cause of death (Item	1 23a) (Type, Print)	_ / .		V	,	town
)		Hsinh A	lice No	reburg	T MOI	pizel	122h	dalle	Tour
	Sta		31. Data filled (Month, Day, Year) FEB 2 4 1997	32 Registrar's Signa	Produce.	Ü				
	Registr	ar	1 FD N 4 122/	The man war area	a-Mailada					

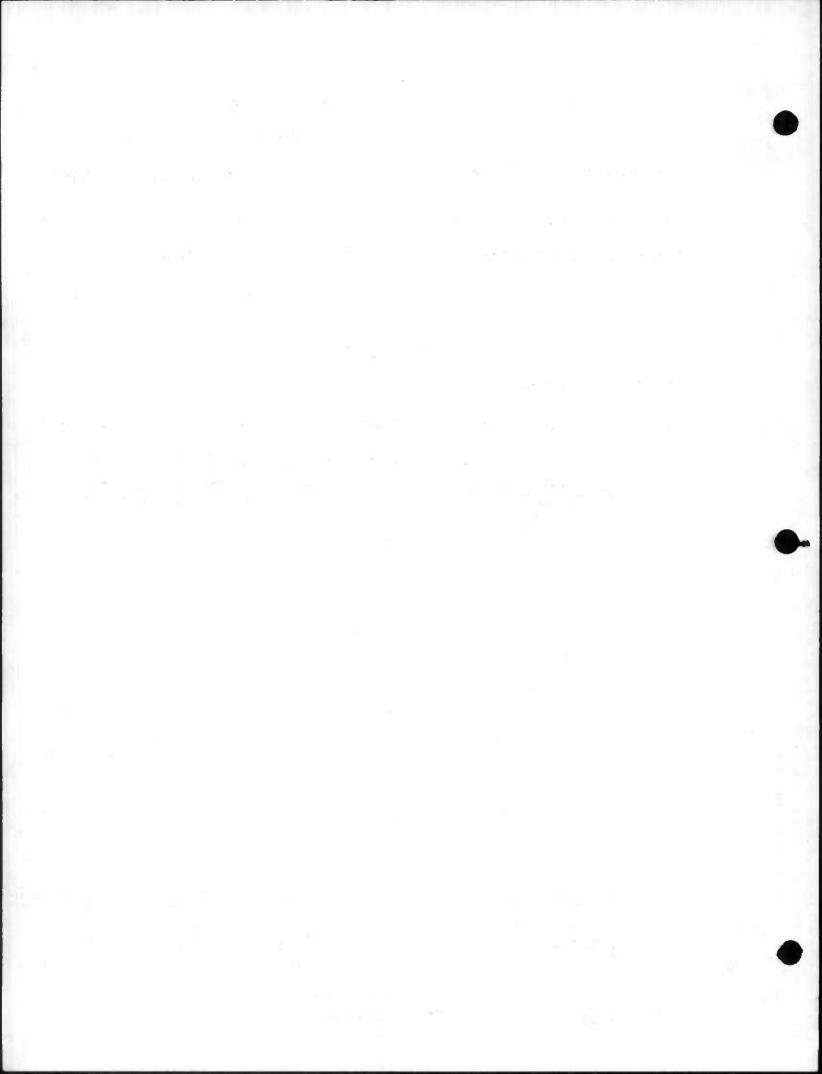


State of Maryland / Department of Health and Mental Hygiene

05329 Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Dete of Deeth 3. Time of Death AUGUSTA LAW **Physician** Month 1: 4 4 AM CECELIA 20 97 Feb /Medical 4a. Facility Neme (If not institution, giva street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner BALTIMORE ST. AGNES HOSPITAL If Under 1 Yaar If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number Birthpleca (State or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** Deys 1 ☐ M 25 F Yrs. Director 215-09-8255 80 1, 1917 MARYLAND JAN. Usuel Residence of Decedent the Maryland 10b. County 10a State 10c. City, Town or Location 10d. Inside City Limits ns 23a or 28a-f show 1 ☐ Yas 2X No Director CATONSVILLE MD. BALTIMORE 10e. Street end Number 10f. Zin Code 10g. Citizen of Whet Country? with 719 MAIDEN CHOICE LANE APT 312 21228 U.S.A. Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 20 No if Yes, Give Year or Detes: Harme 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. The Medical Examiner filed within 72 hours after 1 □ Naver Married 2 □ Married 21215-0020 6 WHITE 1 ☐ Yes 2 No Specify: by 3 Widowed 4 □ Divorcad 'natural', Completed 16e. Decedent's Usuel Occupetion (Give kind of work dana during most of working life. DO NOT usa retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grada completed) I Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) .. Pages 1 and 2 should be filed wi fment of Health and Mental Hygien tant: If item 27 is marked other th jury or other traumatic event, the OWN HOME HOMEMAKER 12 Baltimore, Maryland 17. Father's Neme (First, Middla, Last) 18. Mother's Nama (First, Middle, Malden Sumame) Be UNKNOWN UNKNOWN SCHALL 19e. Informent's Neme/Reletionship (Typa, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6610 MT. VISTA RD. KINGSVILLE, MD. 21087 DOROTHY J. CHILDS/NIECE 20b. Pleca of Disposition (Nama of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 Cremation 3 ☐ Ramovei from Steta permit. Paga Department of important: If any injury or once. CHESAPEAKE CREMATORY 2/21/97 BELTSVILLE, MD. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Servica Licanson 22. Name end Address of Facility BRADLEY ASHTON FUNERAL HOME, 2134 WILLOW SPRING RD. DUNDALK, MD. 21222 23a. Pert1. Enter the disease, or complication the caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only one countries are called the deeth. Approximete intervel Between Onset end Deeth Physician chronic obstructive Pulmonary Disease /Medical immediate Cause (Final monthes disease or condition resulting in deeth) Examiner The law requires that the death certificate be axecuted Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): the bunal-tran Box 68760. signed by the attending physician I be detached for use as the buna Physician/Medicai Due to (or es e consequenca of): P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contributs to the cause of deeth? 1 ☐ Yes 2 ☐ No 3□ Probabiy 4度Unknown Division of Vital Records. þ page 2 should b Completed 24b. Were autopsy findings eveileble prior to 24e. Wes en eutopsy complation of causa of death? certificate 1 Yes 2 No 1 ☐ Yas 2 ☐ No Attending Physician: Be 25. Wes case rafarred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA 2 1 Yes 2 No this funeral 28e. Dete of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28d. Describe how Injury occurred Certification: 28c. Injury et Work? After 5 Pending invastigation 1 Neturel 1 ☐ Yes 2 ☐ No death 2 Accident after death Director: in by the 3 Suicide 6 Could not be 28e. Place of injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide ŏ within 24 hours a To the Funeral D completaly filled 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) P10884 10/11 6 30. Name end eddress of person who completed cause of death (item 23a) (Type, Print) St. Agnes Hospital . 900 Caton Ave. Baltimore, MD. 21229 E. NAME 31. Data filed (Month, Day, Year) 32. Registrar's Signature State lia Davidson-Randoll FEB 24 1997 Registrar

V



State of Maryland / Department of Health and Mental Hygiene 97 05330

Certificate of Death

29d. Date signed (Month, Day, Year)
FEB 19 1997

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notified at	ō		imore	11 12	utus						1 ☐ Yes 2 1
23a or 28a ust be notil	Funeral Director	10e. Street and Number 1215 June Roa	d		10f. Zig	Code 1227		,	10g. Citizen of ' United	What Cou	untry? ates
or items	by	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorcad	12. Was Decedant Ev Armed Forces? 1 Yes 2 No If Yes, Giva Year or Dates:		1	dant of Hisp cify Cuban, 2 No		pecify Yas or No- o Rican, atc.)	14. Rad Bia Specif	ck, Whita	ican Indian, , atc.
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27 is marked or traumatic e		19a. Informant's Name/Relationship Gerald Page, s		7	9b. Mailing Address 7734 Was	S (Street and	d Number or Ru ton B1	ral Routa Numbe	r, City or Town, 1 timor	State, Zi	ip Code) MD 21227
= 8		20a. Method of Disposition 1 □ Buriai 2 □ Cramation 3 □ Donation 5 □ Other (Spec			of Disposition (Natery, crematory or d		orial	Date 2/20	20c. Location		own, Stata
Important any injury once.		21. Signapola y Puneral Service Lic	ensee		22. Name ar			Home,	Inc.	Ar	butus
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State Registrar

29b. Signature and titla of certifier

31. Date tiled (Month, Day, Year) FEB 2 4 1997



29c. Licanse number D01786

30. Name and addrass of person who completed cause of death (Item 23a) (Type, Print)
LAURENCE R. GALLAGER, MD 716 MAIDENC HORCE LANE, BOLTS MD 21228

State of Maryland / Department of Health and Mental Hygiene 05331 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Deeth 3. Tima of Death MARTIN **Physician** FRANCES 12:30AM ebruary 21 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Baltimore City -NA-Good Samaritan Hospital If Under 1 Year If Under 24 Hrs. 6. Data of Birth (Month, Day, Year)

Months Deys Hours Min. July 7, 1912 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthpiaca (Stata or Foreign **Funeral** 1□M 20 F Mary land 218-01-6103 Yrs. 84 Director Usuel Rasidance of Decedant the Maryland 10a State 10h Count 10c. City, Town or Location 10d. Inside City Limits or 28a-f show Examiner must be notified at 1 ¥ Yas 2 □ No -NA-Baltimore City Maryland Directo 10e. Street and Numbar 10f. Zlp Coda 10g. Citizen of Whet Country? 21214 United States Harma 23a 4627 Walther Avenue Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yas ≥ 2 No If Yas, Giva Yeer or Detas: Was Decedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American Indian Black, Whita, etc. 11. Meritel Stetus permit. Peges 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural"——any Injury or other traumatic average. 1 ☐ Never Marriad 2 ☐ Married 1 ☐ Yas 2 X No Specify: þ Specify: White 3 X Widowed 4 ☐ Divorced Completed 15. Decedant's Education 16a, Decedant's Usuel Occupation 16b. Kind of Businass/Industry (Giva kind of work done during most of working life. DO NOT usa ratired) (Specify only highest grade Elamantary/Secondary (0-12) Collega (1-4or 5+) Clerical Hospital 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumame) James McDonald Beulah McCann 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Frances E. O'Keefe / Daughter 21 Haddington Road Lutherville, Maryland 21093 20b. Place of Disposition (Nama of cametary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 X Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata Most Holy Redeemer February 24,1997 Baltimore, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funerel Sarvice Licansaa 22. Nama and Address of Fecility Leonard J. Ruck, Inc. Mark 7 5305 Harford Road Baltimore, Maryland 23a. Part1. Entar tha diseesa, or complications that caused the daeth. Do not antar tha mode of dying, such es cardiac or raspiratory arrest, shock, or haart failura. List only ona causa on aach lina. Approximata Intarval Batween Onset end Deeth **Physician** /Medical Immediata Causa (Final disease or condition rasulting in death) Examiner Sequantially list conditions, if any, laading to Immadieta causa. Entar Undarfying Cause (Disaasa or Injury that initiated avants rasulting in daath) Last Vital Records, P.O. Box 68760, The law requires that the deeth certificate be Physician/Medicai Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? ate has page 2 : 1□ Yes 2 No 1 Yas 20 No certificate 25. Was casa rafarred to medical Be 26. Place of Daath (Check only one) 1 Yas 2 No Other: 4 Nursing Homa 5 Rasidence 8 Other (Specify) 1 Impatient 2 ER/Outpatient 3 DOA Certification: To 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 ANatural 5 Panding 1 ☐ Yes 2 ☐ No invastigation 2 Accidant 3 Suicide 6 Could not be 28a. Placa of Injury - At homa, farm, streat, factory, office building, etc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homleide

To the Hospital within 24 hours To the Funeral completely filled

29b. Signatura and titla of certifiar

29c. Licensa number

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stetad.

29d. Date signed (Month, Dey, Year)

30. Nama and address of person who complated causa of death (Item 23a) (Type, Print)

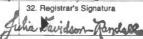
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State Registrar

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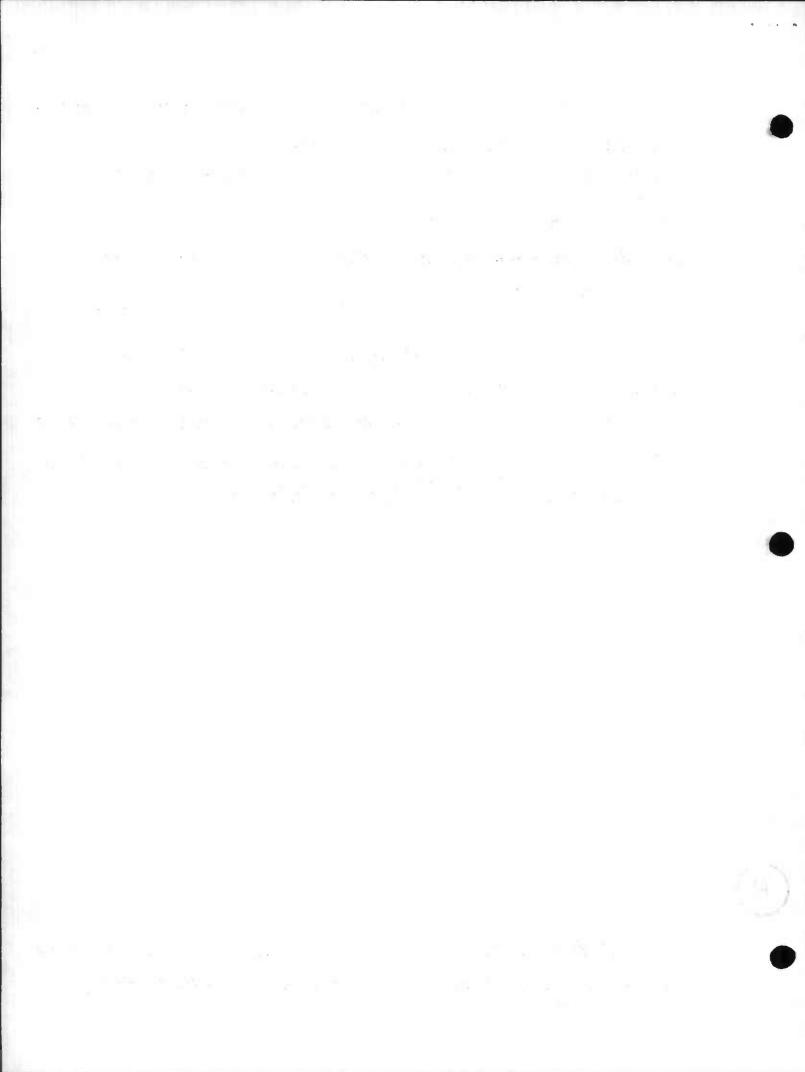
29a. Certifian

31. Date filed (Month, Day, Year) FEB 24 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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21. Signature of Funeral Sarvice Licensee Mark T. Zavoyna 22. September of Funeral Sarvice License	E	Pegent int: If		4 ☐ Donetion 5 ☐ Other (Specify	1)	Park	wood	d Ceme	terv	Febr	ruary	24,1997	Balti	more.	Mar	vland
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Certificate of Death

Physician
/Medical
Examiner

1. Decedent's Name (First, Middle, Last)

1:40AM

Year

9. Birthplece (Stete or Foreign

10d. Inside City Limits

1 Yes 2 No

Maryland

Lil.

Approximete Interval Betw

3 WEEKS

24b. Were autopsy lindings available prior to completion of cause of deeth?

1 Yes No

21204

Md.

death with the Manyland r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Il Hygiene.

filed within 72 hours after permit. Pages 1 and 2 should be filed Department of Health and Mentel Hyg Important: If item 27 is marked other any Injury or other traumatic svent,

21215-0020

altimore. Maryland

Box 68760.

P.O.

Division of Vital Records,

Physician /Medical Examiner

The law requires that the death certificate be executed ettending physician end I for use as the bunel-tran signed by the peen has certificate sician:

Hospital within 24 hours To the Funeral Completely fitted

edicai

Funeral Director

Examiner Physician/Medical þ Completed Be 2

25. Was case referred to medical 27. Menner of Deeth 1 Weturel Certification:

Funeral Director þ Completed Be

2. Dete of Deeth Month JOSEPH MON FEBRUARY 22 1997 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth TOWSON, MARYLAND SAINT JOSEPH MEDICAL CENTER BALTIMORE If Under 24 Hrs If Under 1 Yeer Dete of Birth (Month, Dev. Year) 7. Age (In yrs. last birthday) 1 M 2 F Months Deys Hours 523-58-2747 49 Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location Glen Burnie Anne Arundel 10e. Street end Number 10f. Zip Code 21061 10g. Citizen of Whet Country? 1051 Thomas Road 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) Rece - American Indian, Black, White, etc. 11 Manital Status 1 Yes 2 No
If Yes, Give
Year or Detes: 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No Specify: Specify: White 3 ☐ Widowed 4 No Divorced 16e. Decedent's Usual Occupation

That of work done during most of working 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry (Give kind of work done du life. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+) City Police Dept. Balto Police Officer 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Michael Helen Marie Katovich Joseph Mon, Sr. 19e. Informent's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Ryrel Royte Number, City or Town, Stete, Zip Code)
52 Huxley Circle, Abingdon, Md. 21009 Joseph M. Mon, III 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, Stete 1 Buriel 2 □ Crem 2-25-97 Timonium, Md. Dulaney Valley 4 Donetion 5 Other (S 22. Name and Address of Facility
Ryck Towson Funeral Home, Inc. Towson
1050 21. Signature of Eurera S Erne III ons thet caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Immediete Ceuse (Finel diseese or condition resulting in deeth) RESPIRATORY FAILURE SECONDARY TO Due to (or es e consequence of): AMYOTROPHIC LATERAL SCLEROSIS Sequentielly list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of); Due to (or es e consequence of)

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

AMYOTROPHIC LATERAL SCLEROSIS

Hospitel: 1 XInpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Dete of Injury (Month, Dey Year) 28b. Time of 5 Pending Investigation 6 Could not be determined

1 ☐ Yes 2 ☐ No 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28c. Injury et Work?

26. Plece of Deeth (Check only one)

28d. Describe how Injury occurred

24e. Wes en eutopsy performed?

1 Yes

1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

2 No

29b. Signeture end title of certifier melle m.o Nume

D 41410

29c. License number

29d. Dete signed (Month, Dey, Year)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably W Unknown

30. Neme and address of person who completed cause of death (Item 23a) (Type, Print)

JOGINDER P. MEHTA ST. JOSEPH MEDICAL CENTER TOWSON, MD.

31. Date liled (Month, Dey, Year) FEB 2 4 1997 State Registrar

1 Yes 2 No

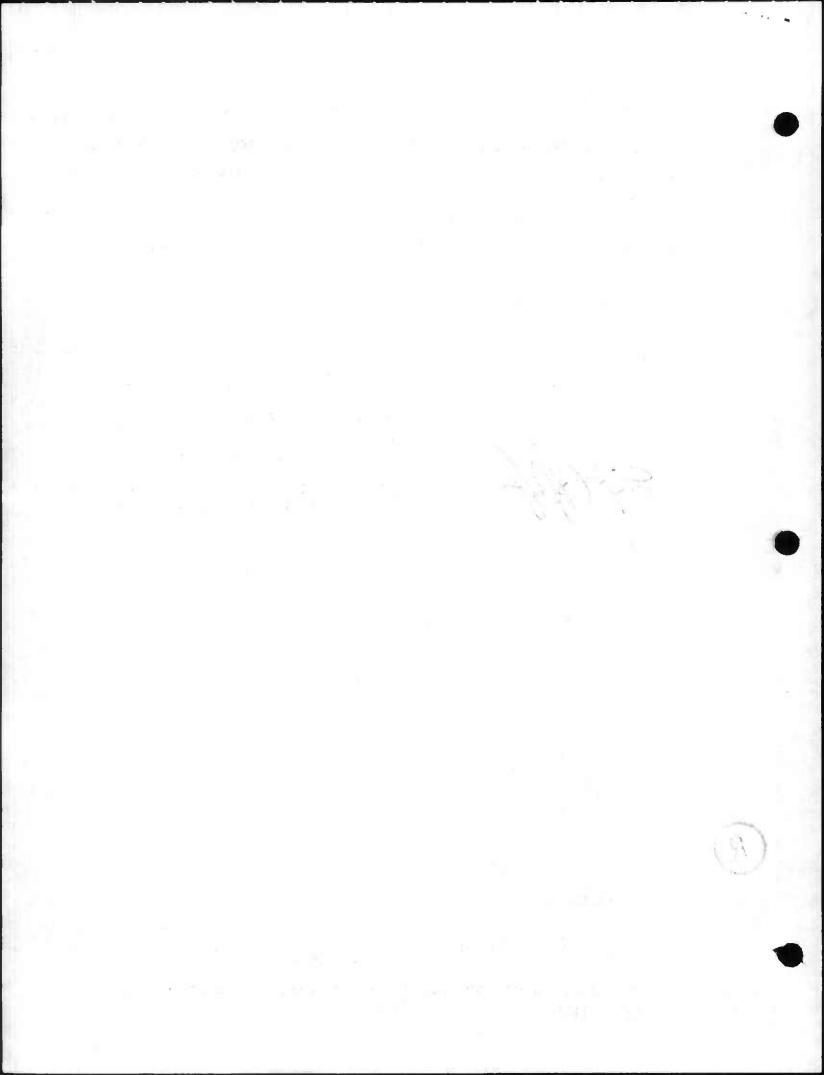
2 Accident

3 Sulcide

29a, Certifier (Check only one)

4 Homicide

32 Registrate Signeture Guia Dandson-Randall



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land		10e. State 10b. County		10c. City, To	own or Location					10d. Insli	de City Limit
Man	to	Marylono L	10	R	altime	1 R				1 😉	Tes 2 No
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fter deal	F	1 Never Married 2 Merried	Armed Forces	17		-	dispanic Origin? (an, Mexicen, Pua ,	to Rican, atc.)	Ble	ck, Whita, atc.	
urs a	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:		1 □ Yes	s 2 3 No	Specify:		Specif	Black	
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State Registrar

Stephen S. Radentz will Penn Street, Baltimore, Maryland 21201

31. Dete filed (Month, Dey, Year)

FEB 24 1997

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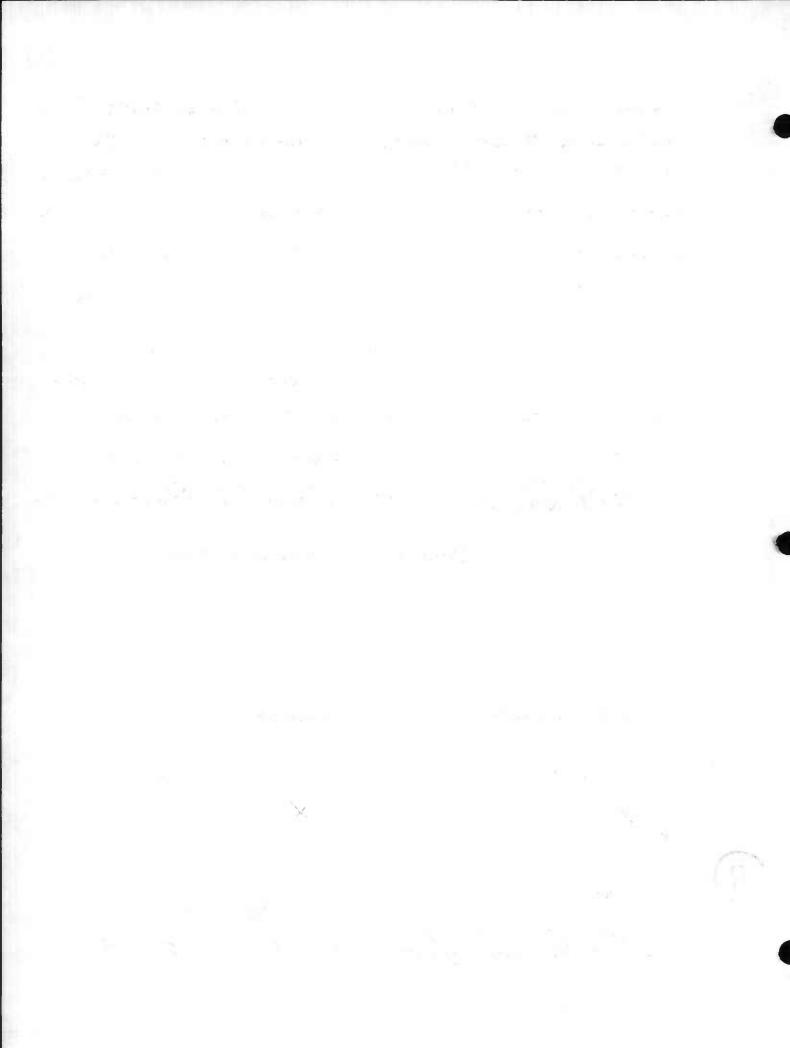
FEBRUARY 21,1997



State of Maryland / Department of Health and Mental Hygiene 97

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						Cei	tificate o	of Death	7		Reg. No.		00000
	Physic	ian	1. Decedent's Name (First, Middle, I		4.4					2. Date of De	Day	Year	3. Time of Death
	/Medi		JUNE +		MARR					FEBRU	-	1997	12:35 PM
	Examir	ner	4a. Fecility Neme (If not institution, g	. 1		-	2	-		ation of Death	4c. County	of Death	1
	Funeral				age (In yrs. lest b		If Under 1 Y	ear If Unde		8. Dete of Bir (Month, Da	th	9. Birthp	Nace (State or Foreign
: Bi	Director		219 22 8636 Usual Residence of Decedent	1□M 2 X [F	69	Yrs.	Months Da	ys Hours	Min.	(Month, Da	y, Year) 23,1927	Coun	sylvania_
within 72 hours after death with the Maryland	el', or items 23a or 28a-f show Examiner must be notified at	ctor	Maryland Balt	imore	10c. City, To	wn or Lo	cation	Parkvi	i11e			1	0d. Inside City Limits
h with th	23a or 26	ai Director	10e. Street and Number 2603 Canterbury	Rd.			10f. Zip Coo	2123 ⁴	1		10g. Citizen of United	1.5	
deat	85	Funerai	11. Marital Stetus	12. Was Deceden Armed Forces		13. V	Was Decedent f Yes, specify (of Hispenic O	rigin? (Spec	ify Yes or No	- 14. Rec	e - Americ	
ours after	al', or h Examin	by	1 ☐ Never Married 2 ☐ Married 3 X Widowed 4 ☐ Divorced	1 Yes 2 X If Yes, Give Year or Dates	No		I ☐ Yes 2 🏋			icen, etc.)	Specif	ck, White, y: V	white
72 hc	"natural", edical Ex	eted	15. Decedent's (Specify only highest g		16	e. Deced	lent's Usual Ockind of work do	cupation	st of working	a	16b. Kind of B	usine as/inc	dustry
1 within	than	Completed	Elementery/Secondary (0-12)	College (1-4or	5+)		kind of work do DO NOT use re omemake:		or or working		Owr	1 Home	e
belif ed bluc	e do s	To Be C	17. Father's Neme (First, Middle, Las Aubrey	Hurle	ey				er's Name ((First, Middle,	Maiden Sumen		enstine
2 sh	aith and 27 is m r traum		19e. Informant's Name/Relationship Susan Chlumsky								ore, MD	State, Zip	
S	0 = 0		20e. Method of Disposition 1 ☐ Burial 2 ☒ Cremation 3 4 ☐ Donation 5 ☐ Other (Spec		cemet	ery, cren	sition (Name one tory or other	place)	2/22	Dete 2/97	20c. Location Balti		
permit.	Department Important: It any injury o		21. Signature of Funeral Service Lic	ense		22 C	Name and Ac	Idress of Facil	ity D. Loh	rmann	P.A.		
-	-		23a. Part1. Enter the disease, or consequence of heart failure. Ust an	oluma	district D	8	1/1/ Gr	een Pas	stures	Dr.,	Baltimo	ore, N	Approximate
certificate be executed	physician and s the burial-transit	edicai Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last	b	Due to (or es a	conseq	uence of):						
h certific	O 66	2		d									
death	the ett	Physician	Part II. Other significant conditions	contributing to deeth	but not resulting	In the ur	nderlying cause	given in Part	l.	23b. Did 1	obacco use co	ntribute to	the causa of death'
that the	ed by detac	by Phy	DEMAN	mon /m	mon	400	n 20	asner	TA	10	Yas 20 No	3 ☐ Prot	pably 4 Unknow
law requires	been s should	Completed b								24a. Was perfo	an autopsy med?	ava cor	ore autopsy findings allable prior to appletion of cause death?
The	ate has page 2	E O								101	res 2 No	10	Yes 2□ No
lan:	is certificate director, pag	Be (25. Was cese referred to medicel examiner?					26. Plac	e of Death (Check only o	ne)		
Physician:	this ce al dire	2	1 ☐ Yes 2 10 10	Hospital: 1 Inpat		utpatien			ursing Home	e 5 🗆 Resid	lence 6 Oth	er (Specify	1)
ending P	Affect T. Affect te funera	ertification:	27. Manner of Death 1 Natural 5 Pending 2 Accident investigati			Time of Injury		njury et Work? I□Yes 2□		d. Describe l	now injury occur	red	
No.	R)	Certifi	3 ☐ Sulcide 6 ☐ Couid not 4 ☐ Homlcide determine	286. Place of In	njury - At home, f tc. <i>(Specify)</i>	arm, stre	eet, factory, off	ce	28	of. Location (S City or Tox	Street and Numb yn, State)	er or Rura	l Route Number,
To the Hospital	n 24 hou	edicai	29a. Certifier (Check only one) 1 Certifying P 2 Madical Exa	hysician: To the best miner: On the basis of and menner s	of exeminetion a	e, death nd/or inv	occurred et the estigetion, in m	e time, date ar ny opinion, dea	nd plece, an ath occurred	d due to the	cause(s) and ma dete and place,	anner as st and due to	ated. the cause(a)
Toth	within 2 To the Fi	M	29b. Signature end title a certifier	1	, ,		29c. Lic	ense number			29d. Date signe	d (Month, I	Dey, Yeer)
	~		Moule	ofth	entu	deo		020	390		2/-	21/9	7
	10		30. Name and address of person who DR. CHARLES HOES	completed cause of	death (Item 23e)	(Type, F	2-1-4)			ALTIM	ORE MD		,
	Sta	ite	31. Date filed (Month, Day, Year) FEB 2 4 19	32. R 9igt	rar's Dignature	70	2002						
	Registr	ar	FEB 24 19	Il grun	an Angraphy	-Mayle							



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Divinity.	•	1. Decedent's Nama (First, Middle, Las	it)							2. Data of Dea	ith	Voor	3. Tima	of Death
Physic /Medi		DENNIS M	ASTERS	5						FEBRUAR	Y 20,	1997	5:20	P.M.
Exami		4a. Facility Name (If not Institution, given 11945 GOLD NEEDLE		mber)				b. City, Too OLUMB	IA	cation of Deeth	HOWA	nty of Deeth		
Funeral Director			x M 2□F	7. Age (In yrs. 58	last birthday) Yrs.	If Undar Months	1 Yaar Deys	If Under : Hours	24 Hrs. Min.	8. Data of Birt (Month, Day 2-2-193	(Year)	9. Birth Cou	place (State intry) NY	or Foreign
pue 🔉		Usual Rasidance of Dacedant 10a, Steta 10b, County	:	10c. Cit	y, Town or Lo	cation							10d. Inside (City Limits
the Maryler 28a-f show	ō	MD HOWARD		CO	LUMBIA									2](I)(No
death with the Marylend ms 23a or 28a-f show cmust be notified at	iec	10e. Street end Number				10f. Zip	Coda				10g. Citlzan	of What Cou	ntry?	
23a c	aiD	11945 GOLD NEEDLE	WAY			21	044				U.S	.A.		
or its	by Funeral Director	11. Meritel Status 1 □ Navar Married 2 ሺ Married 3 □ Widowed 4 □ Divorced	12. Was Dece Armed Fo 1 Yes If Yas, Giv Yaar or D	2XXNo		Wes Deced f Yes, spec 1 ☐ Yas		Ispanic Origin, Maxican Specify:	gln? (Spe , Puerto	ocify Yes or No- Rican, etc.)		Rece - Ameri Black, White cify: WHI	, etc.	
	Completed	15. Decedent's Ed (Specify only highast gra Elementary/Secondary (0-12)	ucation da complatad) Coilega (1	1-4or 5+)	16a. Deced (Giva life. MANA	kind of wor DO NOT us	al Occup rk dona d se retired	ation during most	of worki	ng	16b. Kind of	Businass/ir		
permit. Pages 1 and 2 should be filled within 72 ho Department of Heelih and Mental Hygiene. Important: If tem 27 is marked other than "natur any injury or other traumatic event, the Madical ance.	To Be Co	17. Fathar's Name (First, Middla, Last) JOHN MASTRANGELO			TIMINA	GLK		18. Mothe VERA		(First, Middle,			DITEN.	1
1 and 2 sho Heelth end I em 27 is me		19a. Informant's Name/Ratationship (7 DIANE MAXSON MASTE		FE)						OLUMBIA			p Code)	
semit. Pages 1 a Department of Hee mportant: If frem my injury or othe		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Crametion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify		Stete CHE	Place of Disponentery, crer	sition (Name netory or o	na of ther place MATC	e) ORY FE	EB. 2	Data 22,1997	20c. Location			
permit. Pages Department of I Important: If the eny injury or of		21. Signature of Funt al State Licen		Al	/ WI	. Name an TZKE	d Addrag	s of Eacility CRAL H	OMES	, INC.	OF CO	LUMBIA	1	
		23e. Pert1. Entar tha disaese, or comp shock, or haert failura. List only	olidations that c	aused the deat	h. Do nof ant	ar the mod	e of dyin	g, such as	cardiac o	D COLUN	IDLA M.	D 2104	Approxima	ita
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equires that the de sen signed by the could be detached	by Phy	N/A								101	res 2⊠N	o 3 Pro	bably 4] Unknov
* 45 ts	Completed									24a. Was perfor	en eutopsy med?	av	ara autopsy vailable prior ompletion of death?	to
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tal or Attents after deer	Certification:	3 Suicide 6 Could not be datamined	28a. Placa buildir	of Injury - Af heng, atc. (Specif	oma, ferm, str	set, factory	, offica		4	28f. Location (S City or Tow		mber or Rur	ral Routa Nui	mber,
To the Hospital or Attenwithin 24 hours after deel To the Funeral Directors completely filled in by the	edicai	29e. Certifiar	iner: On tha ba	best of my kno asis of axamine ner statad.	wiedga, daath tion and/or inv	occurred ovastigation,	et tha tim	a, data and pini <i>on</i> , daat	d piaca, a	and dua fo tha ded at tha tima, d	eusa(s) and data and plac	mannar as s a, and due t	stated. to the cause	s)
To To t	Σ	29b. Signatura and title of certiflar						number			29d. Date sig	ned (Month,	Dey, Year)	2
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18		30. Nama and addrass of parson who c	. KN	ISHT	Two		4	NOR	TH	DR.	Coll	n M B1	A mi	210
, Sta Registr		31. Data filed (Month, Day, Year) FEB 2 4 1997	July	egistrar's Signa Davidson	ture Mandel	2								

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month M000 10:50 877 the Ima Feb /Medicai 4e. Fecility Neme (If not Institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner St. Agnes Hospital Catonsville N/A 5. Sociei Sacurity Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplece (Steta or Foreign Country) **Funeral** 1□ M 2√2 F Yrs Director 165-07-1576 85 6-25-1911 Pennsylvania Usual Residence of Deceden with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow traumatic event, the Medical Examiner must be notified at 1 ☐ Yas 2 ☑ No Director Maryland Baltimore Catonsville 10e. Street end Number 10f. Zip Coda 10g. Citizan of Whet Country? 6 Items 23a permit. Peges 1 and 2 should be filed within 72 hours efter death v Department of Health and Mental Hygiene. Important: If itam 27 is marked other than "natural", or Itema 23s any injury or other traumatic event, the Medical Example, mutal 9008. Funeral 715 Maiden Choice Lane Apt. 210 21228 U.S.A.

14. Race - American Indien,
Bleck, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: 1 ☐ Never Married 2 ☐ Married 21215-0020 1□ Yas 2√No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16e. Decedent's Usual Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest greda completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Domestic 8 Philco Baltimore, Maryland 17. Fathar's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be William W. Reese 2 Nellie Oldham 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Streat end Number or Rural Routa Number, City or Town, Stete, Zip Code) James F. Mood (Husband) 715 Maiden Choice Lane, Apt. 210 Catonsville, Md. Disposition (Nema of Dete 20c. Location - City or Town, Stete 20b. Pleca of Disposition (Nema of cemetery, cremetory or other plece) 20e. Mathod of Disposition Pa. 1 Buriel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) Blair Memorial Park Cem. 2-22-97 Antis Twp.Blair County 21. Signeture of Funerel Sarvica Licensee 22. Name and Address of Fecility Ruck Towson Funeral Home, Inc. 23a. Pert1. Entar the disease, or complications that caused tha death. Do not antar tha mode of dying, such as cardiac or raspiretory arrest, shock, or heart failure. List only one ceuse on each lina. 5. Brooks D Approximete Intervel Between Onset and Deeth **Physician** /Medical Immediate Ceuse (Finel Respirator 2 week diseese or condition resulting in death) Examiner Examiner Sc 00 hemic the buriel-transit The law requires that the death certificete be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Lest Due to (or as e consequence of) and Division of Vital Records, P.O. Box 68760, ettending physician tai Physician/Medicai Dua to (or as a consequence of): es es signed by the et Id be detached fo Pert II. Other significant conditions contributing to death but not rasulting in the undariying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were eutopsy findings aveilable prior to Completed 24e. Wes en eutopsy complation of causa of daath? After this certificate 1 Yes 2 No or Attending Physician: Be 25. Wes case referred to medical 26. Piece of Death (Check only one) axeminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Yes 2 No 1 Nnpatient 2 ER/Outpatient 3 DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28d. Dascribe how Injury occurred 28c. Injury et Work? 5 Pending investigation 1 Netural Injury death. 1 ☐ Yes 2 ☐ No 2 Accident efter death in by the f 3 Suicide 6 Could not ba 28f. Location (Street end Number or Rural Route Number, City or Town, Steta) Piaca of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 4 Homicide Hospital within 24 hours Medical 29a. Cartifian 1 Certifying Physician: To tha bast of my knowledge, deeth occurrad et the time, dete end pleca, and due to the cause(s) and menner es steted.

2 Medical Examiner: On the basis of axemination and/or investigetion, in my opinion, daath occurred at tha time, data and placa, end due to the cause(s) \$ 29b. Signetura end title of certifier 29c. Licensa number 29d. Dete signed (Month, Dey, Year) Feb 060 naun s of person who completed cause of daeth (Itam 23a) (Type, Print) 30. Name end eddre Gamil 31. Dete filed (Mont 32. Pegiştrer Signature State Registrar



State of Maryland / Department of Health and Mental Hygiene 0.7 00000

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Physicia	ın	WAYNE	niddie, Last)			3.4	-22773	N.T.			2. Deta of De Month	Dey	Yeer		e of Death	
/Medica						ΙνΙ	CKEA	- 1			FEB.		997	3:	20 P	
Examine	er	4a. Facility Name (If not inst. JOHNS HO	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWI	umber) AYVI	EW LI	OCD	ITAL				ocation of Deat	4c. Count	ty of Death			
		5. Sociel Security Number	6. Sax				If Under		If Undar		MORE		IMORE			
Funeral Director		122–28–2822 Usuel Residence of Decede	1 XM 2□ F		(in yrs. lest bi 58	Yrs.	Months	Days	Hours	Min.	8. Data of Bir (Month, De Feb. 8	y, Year)	9. Birthol Count	-	ta or Forei	
MON		10a. State 10b. Co	unty		10c. City, Tov	n or Loc	cation						10	d. Inside	City Limi	
28a-f show	Director	MD Car	roll County	7	S	ykes	sville	9		-	11			101	es 2 N	
or 28	ire	10e. Street and Number				_	10f. Zip	Code				10g. Citizen of	Whet Coun	try?		
		210 Catherin	e Drive					21	784			U.	S.A.			
ELL	Funeral	11. Marital Status	12. Was De Armed F	cedant Ev	er in U,S.	13. V	Ves Deced	ent of H	Ilspanic Or	igin? (Sp	ecify Yas or No Ricen, etc.)	- 14. Ra	ca - America		١,	
		1 ☐ Never Merried 2 🔀		2 □ No					Specify:	i, rueno	Miceri, etc.)		eck, White, a			
1	d by	Year or Dates:							эрвину.			Speci	₩ Whit	e		
disa	Completed	15. Decedent's Education (Specify only highest grade completed) [Give kind of wor life. DO NOT us							ation during mos	t of work	ina	16b. Kind of E	Business/Ind	ustry		
Pan Pan	du	College (1-40r5+)										Constr	uction	Mai	nacrom	
A Part	e Co.	17. Fathar's Name (First, Mic	6/10 (004)			St	perm	iter		4. 81	/F:			I PRU	lagan	
10 pd 04 pd	Be									Meiden Suma	-					
a Mo	2	Edmond Mon									eth Marie Reynolds					
Ting.		19e. Informent's Name/Rele					_					ute Number, City or Town, Stete, Zip Code)				
that 2	- 1	Mrs. Stella M	. McKean		1				e Driv	re Sy	Sykesville, MD 21784					
nt: if its		20a. Method of Disposition 1 ☐ Burial 2 ☐ Crame	ion 3 Ramoval from	n Stete	20b. Plece of cemete	ry, crem	etory or of	her pled	ce)	1	Date	20c. Location - City or Town, Stete				
ortant: ortant: injury		4 ☐ Donetion 5 ☐ Other	r (Specify)		Carr	oll	Crema	atio	on Sei	v.	2/25/97	Hampst	ead, N	1D		
ny in		21. Signeture of Funeral Ser	vice Licensee /	11		22. H2	Name and	Addra	ss of Facili	HOMI	E & CHA	HAPEL (Box 195)				
0260		Drian	XNAID	Am								(410)-795-1400				
		23a. Part1. Enter the diseas shock, or heart failure.	a, or complications thet List only one cause on	ceused th	ne death. Do	not ente	r the mode	of dyln	g, such es	cardlec	or respiretory s	rrest,	1	Approxi	nete Between	
ysician			10											Onsel a	nd Deeth	
Medical kaminer		Immediate Ceuse (Final disease or condition	Arte	erio	scler	oti	c Ca	rd i	OVAS	cul	ar Dis	9269	1			
		resulting in deeth)	0		ue to (or as e			- 0 -	0 1 43	Cul	ur Dis	cuse				
ii.	lue lue		- 5													
physician end	Examiner	Sequentially list conditions,		D	ue to (or es e	consequ	uence of):			_						
vian		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avents	J .										1			
hysic the b	edicai	thet initieted avents rasulting in death) Lesi	G	Du	e to (or es a	consequ	ience of):						1			
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y the e	SIC	Pert It. Other eignificent con	ert It. Other elgnificent conditiona contributing to death but not resu						en in Pert I		23b. Dld	tobacco use co	ontribute to	the ceu	se of deat	
d by t	Physician/N										10	Yes 2 No	3 Prob	ably 4	WUnkno	
	2													Market I		
een sign	etec											en eutopsy rmed?	svs	ileble pri		
hes b	Completed												of o	eeth?	of cause	
ertificate he	0										10	Yes 2 No	1□	Yes :	No	
ctor,	C	25. Wes cese referred to me	dicel						26 Plece	of Deet	h (Check only o	ne)				

Division of Vit

Medical Certification: To

To the Hospital or Attending Physiciar within 24 hours efter death.

To the Funeral Director: After this certif completely filled in by the funeral directo

DAVID FOWLER M.D. 31. Dete filed (Month, Day, Year) FEB 2 4 190 State Registrar

1⊠ Yes 2 No

5 Pending investigation

6 Could not be determined

27. Manner of Deeth

1 Neturel
2 Accident

3 Suicide

29a. Certifier (Check only one)

4 - Homicide

29b. Signeture and title of certifian

Name and edocess of person in completed cause of deeth (Item 23e) (Type, Print) 32. Registrar's Signeture

28a. Dete of Injury (Month, Day Year)

28b. Time of tnjury

28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

1 ☐ Inpatient 2 X ER/Outpetient 3 ☐ DOA 28c. Injury et Work? 28d. Describe how Injury occurred

1 ☐ Yes 2 ☐ No

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

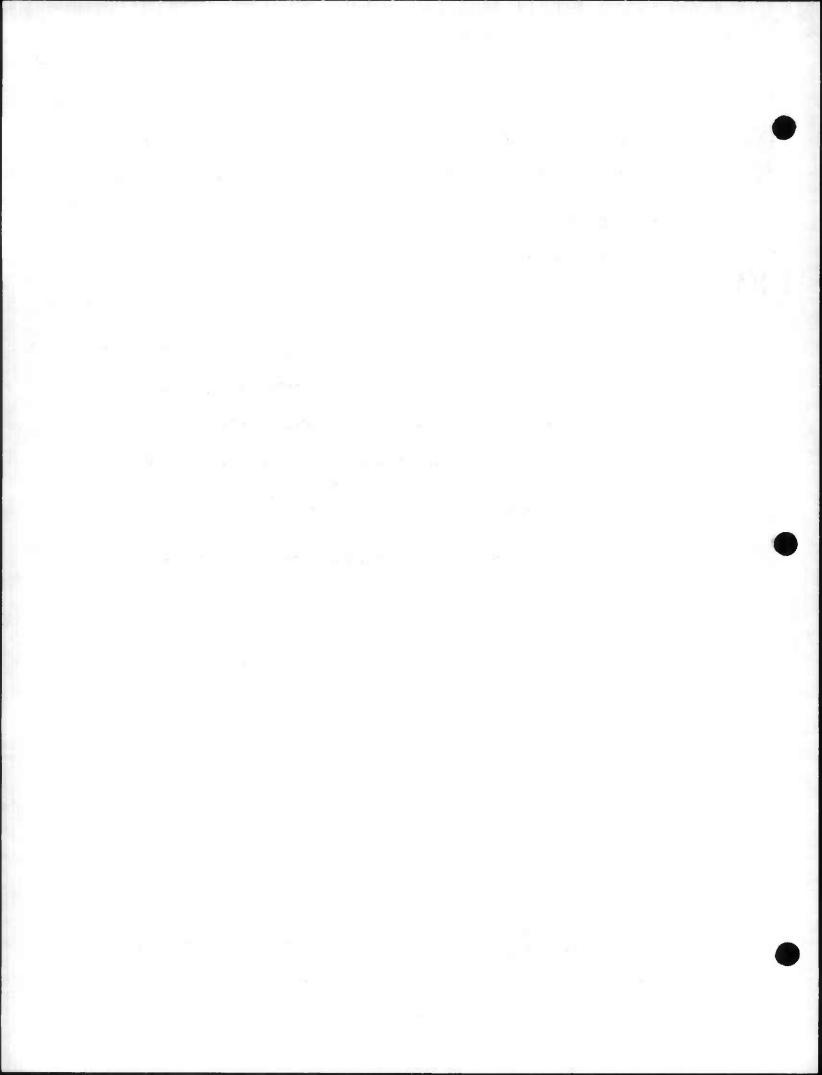
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated.

O.C.M.E.

29d. Date signed (Month, Day, Year)

FEB. 23, 1997

111 Penn Street, Baltimore, Maryland 21201



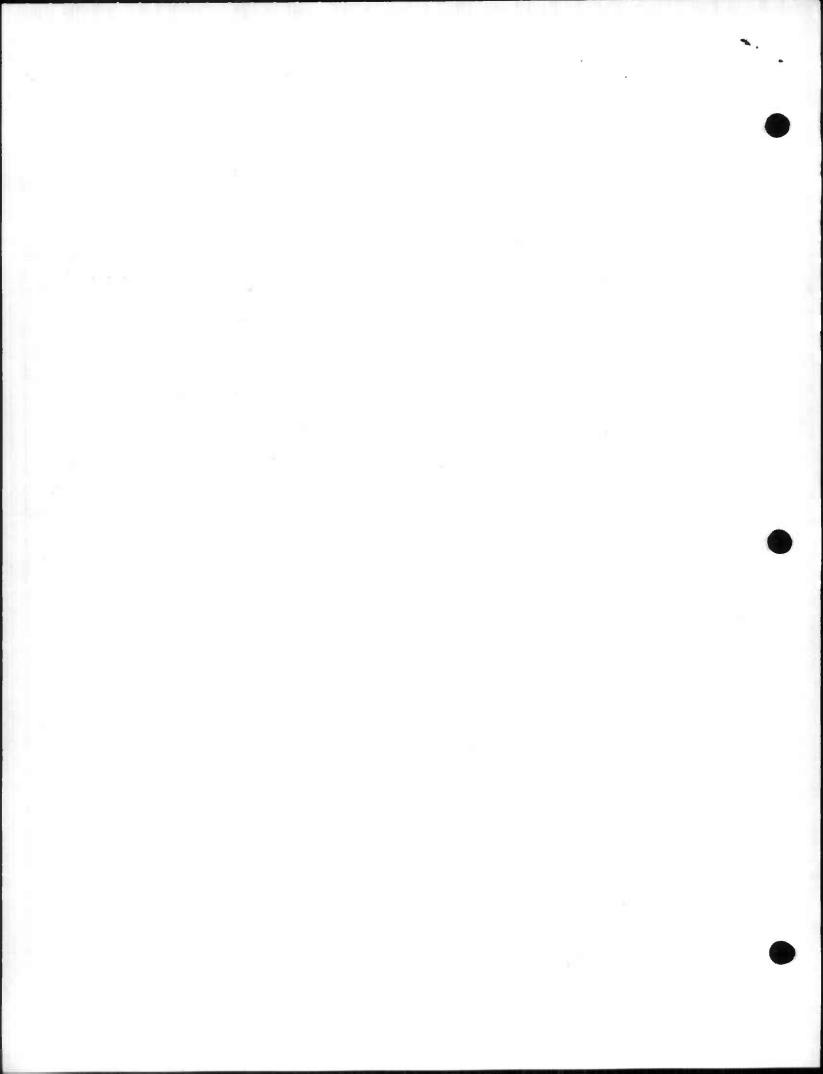
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physician.	e burial-transit permit. Pages 1, 2, 3 should	
IN THE MOSPILAL OF ALL ENDING PHYSICIAN: THE LAW FEQUITES THAT THE GEATH CENTINCATE DE EXECUTED WITHIN 24 HOURS After Death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 97 AGNE S OTTEN 8.50 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH S. BIRTNPLACE (State or Foreign 1 M 2 F 95 15,1901 Maryland 218-14-0707 December 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF GEATN DIRECTOR Carroll County General Hospital Carroll Westminster 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland
100. STREET AND NUMBER Washington Hagerstown 1 YES 2X NO FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 21742 20613 Emerald Drive 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—II yes, specify Cuban, Maxican, Puerto Ricen, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married BY 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Housekeeper Religious Community 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) Gehardt Herman Otten Agnes Annie Haker BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
20613 Emerald Drive Hagerstown, Maryland 21742 2 William H. Liggon (Nephew) 20a. METNOD OF DISPOSITION
1 Souriel 2 Cremetion 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Feb. 25, OATE 20c. LOCATION - City or Town, State St. Mary S Cemetery 1997 Ellicott City, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY Witzke Funeral Home of Catonsville, Inc. > Polut 1630 Edmondson Avenue Catonsville, Maryland 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition 4 week resulting in death) Mouth 1 CERTIFICATION Sequentially list conditions, PUE TO (ON AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Kecent Themo hi CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF) that initiated eventa reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 Dinpatient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 116 ing Nome 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER-OF DEATH 28b. TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending investigation BY 1 YES 2 NO 2 Accident PLACE OF INJURY — At home, farm, street, lectory, offica building, stc. (Specify) 3 Suictde ETED. 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death 29c. LICENSE NUMBER H 29d. DATE SIGNED (Month, Day, Year) 2/20/9 2 PLETEO CAUSE OF DEATH (ITEM 27) (Type, Print) Westerniter SYED 2 HOS AIN MD memarias 200 Cere -md 31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE Lulia Savidson

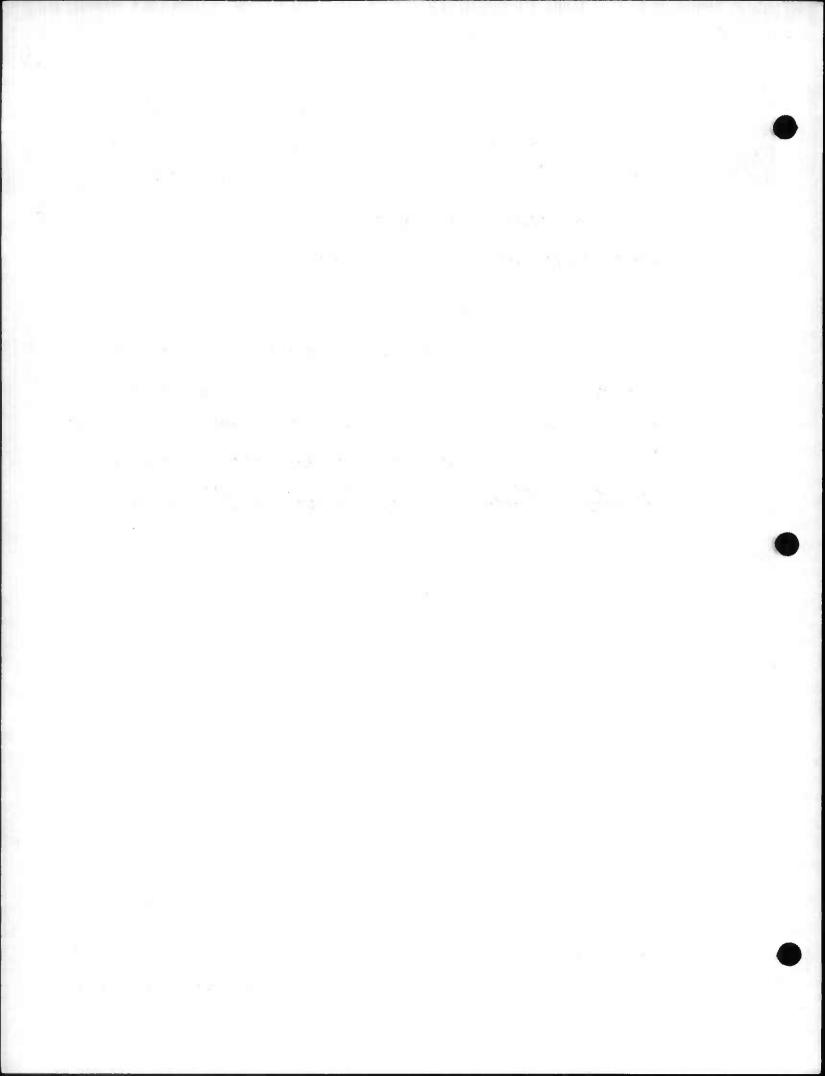
FEB 24 1997



State of Maryland / Department of Health and Mental Hygiene

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						Cei	tificate	of Death	norman in	Reg. No.	21	05340		
Physici	an	1. Decedent's Nen	ne (First, Middle, L	ast)					2. Dete of D	eeth Dey	Yeer	3. Time of Deeth		
Physici /Medio Examir	ai	JAY 4e. Fecility Neme (If not institution, gi	WESLE				PACK 4b. City, Town, or L	FEBRU.	ARY 20	1997	3:00P.1		
Funerai		11522 I. 5. Social Security N	OCKWOOD		ige (In yrs. le	st birthday)	If Under 1 Y	SILVER ear If Under 24 Hrs.	SPRIN	G MONTO	GOMER	Y COUNT		
Director		234-11-3 Usuel Residence of	3052	13%M 2□ F	34	Yrs.	Monfhs D	eys Hours Min.	8. Date of B (Month, D OCT 9	1962	Counti W V	ace (State or Foreign y) 7		
72 hours after death with the Marylend natural, or items 23a or 28s-f show oral Examere must be notified at		10a. State	10b. County		10c. City,	Town or Lo	cation				10	d. Inside City Limits		
Maria Maria	tor	MD	MONTG	OMERY	SIL	VER	SPRING	3				1 ☐ Yes 2 🛣 No		
or 28	Director	10e. Sfreet end Nu	mber				10f. Zip Co	de		10g. Cltizen of	What Countr	ry?		
23a		11522 1	COCKWOO	DRIVE			2	20904		US	A			
"natural", or items 23a or 28a-f show	by Funeral	11. Marital Status 1 ☐ Never Merr 3 ☐ Widowed	ied 2□ Married 4 ፟ Divorced	12. Wes Deceden Armed Forces 1 Yes 2 If Yes, Give Yeer or Dates:	? N1980			of Hispenic Origin? (Sp Cuben, Mexican, Puerto No Specify:	ecify Yes or N Rican, etc.)	o- 14. Rad Bla Specif	ce - Americe ick, White, el	ic.		
a line	pe		15. Decedent's Education			16e. Deced	ent's Usuel O	ccupation		16b. Kind of B				
r than "natur I're Medical	Completed		(Specify only highest grade completed) Ilementary/Secondery (0-12) College (1-4or 5			(Give	kind of work do OO NOT use re	one during most of work	ing			,		
	Com	12					WARE E	ENGINEER		COMP	UTERS			
d other	Bec	17. Fether's Neme	(First, Middle, Las	1)				18. Mother's Nam	e (First, Middle	e, Maiden Sumer	ne)			
	To	ROBI	ERT PA	CK				BERN	ICE M	ARIE	MCAFE	E		
9 6		19e. Informent's N	ame/Reletionship	(Type, Print)		19b. Mailin	g Address (St	reet end Number or Rur	al Route Numi	per, City or Town	, Stete, Zip (Code)		
N L		BERNICE	PACK, 1	MOTHER		107 (CAPTER	RTON AVE.	PRIN	CETON,	WV 24	740		
f Item 2 r other		20e. Method of Dis		Removel from State	0.00	netery, cren	sition (Neme of	f plece)	Dete	20c. Location	- City or Tow	m, Stete		
ury c			5 ☐ Other (Speci			THAVI	EN MEM	ORIAL PK	2/25	PRINC	ETON,	WV		
Important: If Ite any Injury or ot once.		21. Signeture F	neral Service Lice	Harles		S!	PERLIN	ddress of Fecility IG ASHTON IONDSON A	FUNER	AL HOM	E, IN	IC.		
		23e. Pert1. Enter f shock, or hea	he diseese, or con nt failure. List only	plications that cause one cause on each	ed the deeth. line.	Do not ente	er the mode of	dylng, such es cerdiac	or respiretory	errest,	1	Approximete Intervel Between Onset end Deeth		
ysician ledical aminer	niner	fmmediete Ceuse diseese or condific resulting in death)	(Finel	e. <u>6</u> a	Due to (or a	ntrst as a conseq irrhe	uence of):	Hemorrhag	re					
physicien end the buriel-transit	cai Examiner	Sequentially list co if eny, leeding to in ceuse. Enter Unde Ceuse (Diseese or thef initieted events		c. Chr	onic		hol a	buse						
0 0	Physician/Medical	resulting in deeth)	Last	d	Due to (or e	es a consequ	Jence ot):							
e ette	sicia	Pert If. Other signif	fcant conditions	contributing to deeth I	but not result	ing in the un	derivina ceuse	given In Pert I.	23b. Did	tobacco use co	ntribute to t	the cause of death?		
igned by the ettendir be detached for use	by Phy									Yes 2☐No	3 Probe			
s been s 2 should	Completed b	-							24e. Wer	s an autopsy ormed?	com	e sutopsy findings lable prior to plefion of ceuse eath?		
page page	TO.								1.83	Yes 2□No	125	Yes 2□ No		
certificate rector, pa	Be (25. Wes cese refer exeminer?	red to medical					26. Piece of Deet	h (Check only	one)				
this ce	2	1 Yes 2□		Hospital: 1 ☐ Inpati		R/Outpatien	3□ DOA	Other: 4 Nursing Ho	me 5 TRes	ldence 6 □Oth	ner (Specify)			
	Certification:	27. Menner of Deeth 1 X Naturel 5 Pending (Month, Day Year) 28e. Dete of Injury (Month, Day Year) 28b. Time of Injury et Work? 1 Yes 2 No								28d. Describe how Injury occurred				
rs after death. al Director: After led in by the fune	Certifi	3 ☐ Suicide 4 ☐ Homicide	6 Could nof b	286. Piece of in	jury - At hom tc. (Specify)	e, ferm, stre	ef, factory, off	ice	28f. Location City or To	(Street end Numl wn, State)	ber or Rure!	Route Number,		
To the Funeral D completely filled i	edicai	29e. Certifier (Check only one)	1☐ CertifyIng Pt 2☐ Madical Exam	nyelcten: To the best niner: On the basis of end menner st	of examinetion	edge, death n end/or inv	occurred et the estigation, in n	e time, dete end piece, ny opinion, deeth occurr	and due to the ed et the time	ceuse(s) and ma date and plece,	anner as sta end due to t	ted. he cause(s)		
To the comple	Σ	29b. Signature end	title of certifier				29c. Lic	ense number		29d. Dete signe	d (Month, Di	ey, Year)		
		At	mu 1	h Vlm	No	MD		O.C.M.E.		FEBRUAF	2V 21	1997		
		30. Name end eddre	ss of person who	completed ceuse of	deeth (Item 2	3e) (Type, F	Print)	C.C.H.E.		LEDNOAL	1 21	11791		
		Stephen 31. Dete filed (Mont	S. Ra	dentz,	no	111	Penn	Street, B	altim	ore, Ma	aryla	nd 21201		
Stat Registra		FEB 24	1997	Ta Saulas	K-Naulan									



State of Maryland / Department of Health and Mental Hygiene 97 0534

24a. Was an autopsy performed? 24b. Were autopsy fine evaluable prior to completion of cet of death? 1						Certificate	of i	Death		R	eg. No.				
Examinary FERMARY 20,1997 11:05 N/A FERMARY 20,1997 11:05 N/A AND Social Search Phenomenon of Death N/A FERMARY 20,1997 11:05 N/A FERMARY 20,1997 11:05 N/A AND Social Search Phenomenon of Death N/A FERMARY 20,1997 11:05 N/A FERMARY 20,1997 10:05 N/A AND Social Search Phenomenon of Death N/A FERMARY 20,1997 10:05 N/A FERMARY 20,1997 10:05 N/A AND Social Search Phenomenon of Death N/A FERMARY 20,1997 10:05 N/A FERMARY 20,1997 10:05 N/A FERMARY 20,1997 10:05 N/A AND Social Search Phenomenon of Death N/A FERMARY 20,1997 10:05 N/A FERMARY 20,1997			Decedent's Name (First, Middle	, Last)						2. Date of Deat	h	.,	3. Time o	of Death	
# Fecility Nerse grant patterns, pies passes and number? ## Fedity Nerse grant patterns, pies passes and number? ## Fedity Nerse grant patterns, pies passes and number? ## Fedity Nerse grant passes and number? ## Fedity Nerse grant passes grant passes and number? ## Fedity Nerse grant passes grant passes and number? ## Fedity Nerse grant passes gra			Catherine									5 PM			
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Social Security Number Social Security Num			THE JOHNS HOPE	KINS HOSPIT	AT.			BAT.T	TMORE	CITY	N/	A			
The property of the property o	Funeral	Г						If Under	24 Hrs.				place (State	or Forei	
Dues Paradication of Decodered 100 Cody			204-01-3797	1□M 2X F	74	Yrs. Months	Days	Hours	Min.	(Month, Day,	Year)	Year) Country)			
Elementary Secondary (p. 12) College (1-4or 5-) College (1-4or 5					/ 4					Juliesu	, 1922	P	a.	-	
Elementary Topic Control of Con	ylan												10d. Inside C	ity Limit	
Exemption Secretary Secr	M N	to	Ma. Bal	timore	Dunc	lalk							1 🗆 Yes	2 XN	
Elementary Topic Control of Con	r 28	Te C	10e. Street and Number			10f. Zip (Code			1	Og. Citizen of	What Cou	ntry?	-	
Elementary Topic Control of Con	3a o	D	2701 Moorga	te Rd.			2	1222			1	JSA			
Exemplay Security Security	death	era	11. Marital Status	12. Was Deceder	nt Ever in U.S.	13. Was Decede			igin? (Spe	cify Yes or No-			cen Indian.		
Exemptop/Secondary (0-12) College (1-4of 5+)	fler fr	Fur	1 Never Married 2 X Marri			If Yes, specif	ry Cuba	an, Mexicar	n, Puerto	Rican, etc.)					
Exemptop/Secondary (o-12) College (1-4or 5+)	urs a	by	_	If Yes, Give	•	1 ☐ Yes 🕏	€ No	Specify:			Specif	wn	wnite		
Elementary/Georotokry (0-12) 12 YTS. Calerk Clerk Beth. Steel 13. Mother's Name (First, Models, Assisten Summans) File Do Not Tues retirently 14. Mother's Name (First, Models, Assisten Summans) File Do Not Tues retirently 15. Mother's Name (First, Models, Assisten Summans) File Do Not Tues retirently 15. Mother's Name (First, Models, Assisten Summans) File Do Not Tues retirently 15. Mother's Name (First, Models, Assisten Summans) File Do Not Tues retirently 15. Mother's Name (First, Models, Assisten Summans) File Do Not Tues retirently 15. Mother's Name (First, Models, Assisten Summans) File Do Not Tues retirently 15. Mother's Name (First, Models, Assisten Summans) File Do Not Tues retirently 15. Mother's Name (First, Models, Assisten Summans) File Do Not Tues retirently 15. Mother's Name (First, Models, Assisten Summans) File Do Not Tues retirently 15. Mother's Name (First, Models, Assisten Summans) File Do Not Tues retirently 15. Mother's Name (First, Models, Assisten Summans) File Do Not Tues retirently 15. Mother's Name (First, Models, Assisten Summans) File Do Not Tues retirently 15. Mother's Name (First, Models, Assisten Summans) File Do Not Tues retirently 15. Mother's Name (First, Models, Assisten Summans) File Do Not Tues retirently 15. Mother's Name (First, Models, Assisten Summans) File Do Not Tues retirently 15. Mother's Name (First, Models, Assisten Summans) File Do Not Tues retirently 15. Mother's Name (First, Models, Assisten Summans) File Do Not Tues retirently 15. Mother's Name (First, Models, Assisten Summans) File Do Not Tues retirently 15. Mother's Name (First, Models, Assisten Summans) File Do Not Tues retirently 15. Mother's Name (First, Models, Assisten Summans) File Do Not Tues retirently 15. Mother's Name (First, Models, Assisten Summans) File Do Not Tues retirently File Do Not Tues retirently File Do Not Tues retirently File Do Not Tues retirently File Do Not Tues retirently File Do Not Tues retirently File Do Not Tues retirently Fi	2 ho	be	15. Decedent	s Education	16a.	Decedent's Usual	Occup	etion			16b. Kind of B	usiness/In	dustry		
17. February Name (First, Miciola, Makins Summe) 18. Mother's Name (First, Miciola, Makins Summe)	C .	pie		1		(Give kind of work life. DO NOT use	done o	<i>during</i> mos d)	t of worki	ng					
17. February Same (First, Micros, Nameric) Struct Wallace 18. Mother's Name (First, Micros, Nameric)	× 6 5	E		College (1-40		lerk				Poth Stool					
Stuart Wallace Stuart Wallace	Hys other			ast)			T	18. Mothe	er's Name				CI		
19e. Holman's Name-Relationship (Type, Print) 19e. Maling Address (Street and Number or Street Route Number, City or Town, State, 2£ Code) 20h	Ta be	0	Stuart Wall	ace	e					eth Kr					
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							Cert	ificate of	Death		Reg. N	lo.				
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	Funerai				ge (In yrs.		hdey)	If Under 1 Yea			rth .	-	9. Birthpl	ece (Ste	ate or Foreign	
	Director		129-07-7267 Usuel Residence of Decedent	1\\ M 2□ F 7	9	١	rs.	Months Days	Hours Mi	1-6-1		7)	Ohio	try)		
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020	And Montal Hygiene. The Montal Hygiene and Montal, or feems 23e or 28e4 ehow merked other than "naturel", or feems 23e or 28e4 ehow imetic event, the Medical Examiner main be notified as	by Funeral	11. Marital Status 1 □ Never Married 2 ☑ Marrie 3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 Yes 2 If Yes, Give Year or Dates:	?	S.	If Y	s Decedent of 'es, specify Cul	ban, Mexican, Pu	(Specify Yes or No erto Rican, etc.)				ace - American Indian, eck, White, etc. ify: White		
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215		Completed	(Specify only highest Eiamentery/Secondary (0-12)	grede completed)	E.\		(Give kil	nd of work done NOT use retire	a during most of w	working 16b. KInd of Business/Industry						
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pur !	E de F	BeC	17. Father's Name (First, Middle, La	ist)					18. Mother's N	eme (First, Middle	, Maide	n Sumem	e)			
Maryland	Mental Mental arked o	To	Jacob Rosen	weig					UNKN	OWN			UNK	NOW	N	
aryla	and N is ma		19a. Informent's Name/Ralationshi	(Type, Print)		19b.	Meiling	Addrass (Stree	et and Number or	Rural Route Numb	er, City	or Town,	State, Zip	Code)		
	2 = 1 =		Mrs Miriam C. R	nes (Wife)		ì	8409	Oakle	ich Road	, Parkvi	116	Mar	vland	21	234	
9	oth oth		20a. Method of Disposition	, , , , , , , , , , , , , , , , , , , ,		iace of	Disposit	ion (Name of tory or other pla		Date		20c. Location - City or Town, State				
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Balti	Department of Heal Important: If item 2 any Injury or other 2005.		21. Signature of Funeral Service Li		0		22. 1	Name end Addi	ess of Facility							
מ	Depe Impo		> Wallace	S. Broo	Ba. S	21.	Ruc	ck Tows	on Funer	al Home,	Inc	· .				
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 0.7 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Death 3. Time of Death Yaar **Luttowski** Pelagia 3:20am 4b. City, Town, or Location of Deeth 23 1997 4a. Facility Nama (If not institution, giva street and number, 4c. County of Deeth Johns Hopkins Bayriews Medical Center Baltimore 7. Age (In yrs. lest birthday) If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth (Month, Day, Yeer) 5. Social Sacurity Number 6. Sax Birthplaca (Steta or Foraign Country) Days 1□ M 2□ F Hours 215-07-0432 Feb. 4,1908 89 Maryland Usual Rasidanca of Decadan 10e. Steta 10b. County 10c. City, Town or Location 10d. Insida City Limits Baltimore Dundalk 1 ☐ Yas 2 TNo Maryland 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 7935 St. Boniface Lane 21222 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forcas? 1 ☐ Yas ≥ ☐ No If Yas, Give Yaar or Datas: Was Decedent of Hispenic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Raca - American Indien, Black, Whita, atc. 11. Marital Stetus 1 Navar Married 2 Married 1 ☐ Yas 2 ☐No Specify: Specify: White 3 Widowad 4 □ Divorced 15. Dacadant's Education 18a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Giva kind of work dona during most of working lifa. DO NOT usa retired) (Spacify only highast grada complated) Elementery/Secondary (0-12) Collega (1-4or 5+) Housewife Own Home 8 17. Fethar's Nema (First, Middle, Last) 18. Mothar's Name (First, Middla, Maiden Sumema) Thomas J. Przywara Sophia Holewinski 19a. tnforment's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) James J. Perkowsi (Nephew) 333 Maple Avenue Essex, Md. 21221 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 2/26/1997 1 Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Sacred Heart Of Jesus Cemetery Baltimore Co., Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Lio 22. Name and Addrass of Facility Bruzdzinski Funeral Home P.A. 1407 Old Eastern Avenue Essex, Md. 21221 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Batween Onsat and Death Immediata Causa (Final 3 days CVA disaasa or condition rasulting in daath) Dua to (or es a consequence of) 3days hupatension Sequantially list conditions, if any, laading to Immadiata causa. Enter Undarlying Causa (Disaasa or Injury that Initiated avants rasulting in daath) Last Dua to (or as a consaguanca of) Dua to (or as a consequence of): Pert II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings avellabla prior to completion of causa of daath? 24a. Was an autopsy performad? 1 Yas 2 No 1 ☐ Yes 2 ☐ No 26. Placa of Death (Check only ona) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify)

Physician /Medicai Examiner Examiner

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Pages 1 and 2 should be filed within 72 hours after of the of Health and Mentel Hygiene. Int: If Itam 27 is marked other than "natural", or ite

Baltimore, Maryland 21215-0020

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State Registrar

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2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Cartifier Medical (Check only one)

29c. License numbar

96123

29d. Date signad (Month, Dey, Year)

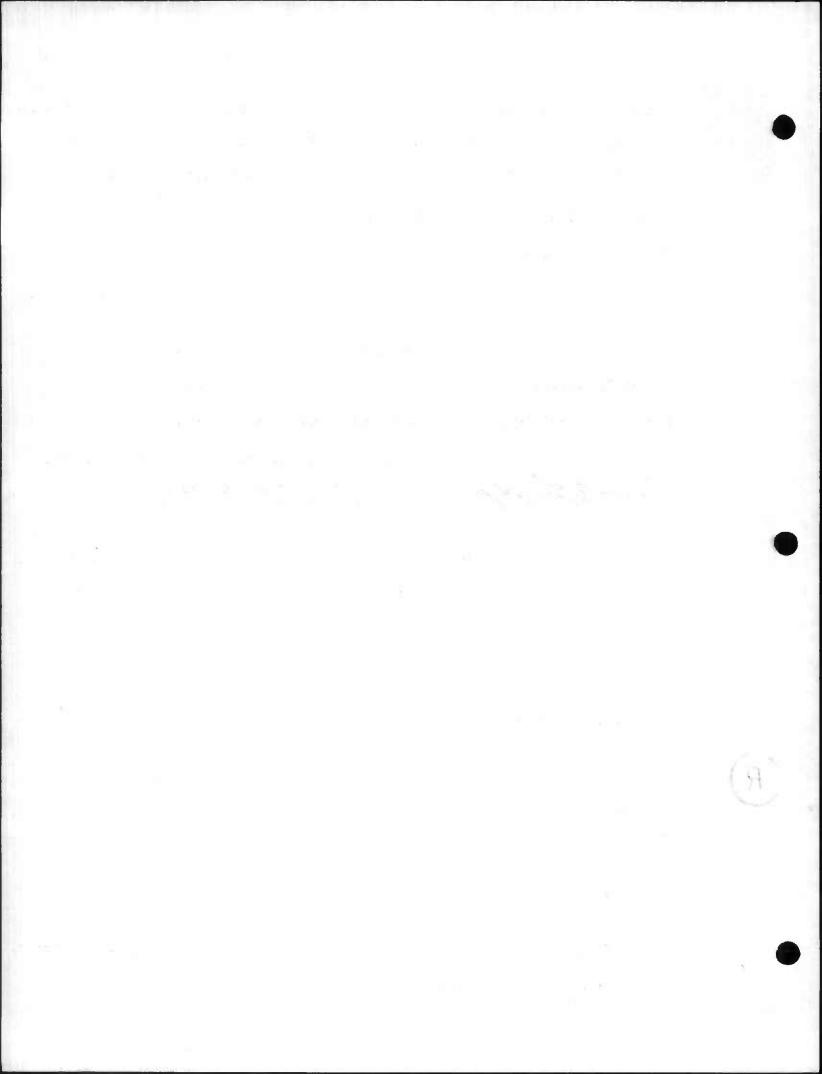
February 23, 1997

30. Nama and address of person who complated cause of deeth (Item 23e) (Type, Print)

29b. Signetura and titla of cartifiar

Baltimore, MD 4940 Eastern Ave 31. Data file EB 24 1997

32. Registrar's Signature rule: Davydson-Mandell



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					Ce	rtificate of	Death		Reg. No.			
	Discosio		1. Decedant's Name (First, Middla, L	ast)			V _	2. Data of De	ath	Year	3. Time of Death	
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	288-1	ecto	-	ALC.	ESS					1 ☐ Yas 2 🛣 No		
	23e or 2	Funeral Director	100. Street end Number 1000 Franklin Av	enue		10f. Zip Coda 212	21		10g. Citizen of What Country? U.S.A.			
21215-0020	d within 72 hours after death with the Maryland jiene. r than "natural", or ferna 23e or 28a-f show the Medical Exercise from the notified at	by	11. Marital Status 1 ☐ Never Merriad 2 ☐ Marrled 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedant Eva Armed Forcas? 1 Yes 2 No If Yas, Giva Yeer or Datas:		Was Decedant of If Yas, specify Cul 1 ☐ Yas 2 ☑ No	Hispanic Origin? (S ban, Maxican, Puart Specify:	pecify Yes or No o Ricen, etc.)	o- 14. Rece - American Indian, Black, White, atc. Specify: White			
5-0	72 h	Completed	15. Decedant's I (Specify only highast g	Education rade complated)	16a. Dece	dent's Usual Occu	ipation a during most of wored)	tkina	16b. Kind of Bi	usinass/ind	Justry	
121	filed within Hygiene.	idu m	Elementery/Secondary (0-12)	Collega (1-4or 5+)			-					
7	her ti		4 17. Fathar's Nama (First, Middla, Las	ne)	Н	ousewife	18. Mothar's Nar	an Affirma Maintalla		1 Hom	е	
Maryland	d 2 should be filed within th and Mental Hygiene. 7 is marked other than traumatic event, the Ma	To Be	George Preller					eth Bit		1a)		
Baltimore, Mary	CENE		19e, Informant's Name/Relationship George A. Rubeli				Avenue E					
	8 5 = 0		20a. Mathod of Disposition 1 Burial 2 □ Cramation 3 4 □ Donation 5 □ Other (Special Contents)	Ramoval from Stata		matory or other pl	cem. 2/2		timore, Md.			
Balti	permit. Pages Department of Important: If is any Injury or once.		21. Signature of Funaral Sarvice Lio		2	2. Neme end Addr				0207		
			23a. Pert1. Entar tha disaasa, or cor	malifations that caused the	death. Do not an	1407 Old	Eastern	Avenue	Essex,	Md.	21221	
ı	Physician		shock, or haart fallura. List oni	y ona causa on each lina.	Caam. Do not an	/	ing, such as cardied	or raspiratory at	rast,		Approximata Intarval Between Onsat and Death	
	/Medical Examiner		Immediata Causa (Finel disaasa or condition rasulting In daath)	RODA	BLE to (or as a conse	HCU1	EM	I		S	sudd en	
٠	Pe sit	Examiner		. CORDI	VARL	AR	HERY	Dis		(Treour	
o,	requires that the death cartificate be executed een signed by the attanding physician and hould be detached for usa as the burial-transit		Saquantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury	Due	to (or as a conse	quence of):						
68760,	cate be physical tha bu	Medical	Cause (Disease or Injury thet initiated avents rasulting In death) Lest	C. Due	to (or as a consec	quance of):						
×	cartifica nding ph usa as tl			d								
Bo.	death ca e attandi d for usa	icia	Part II. Other algnificant conditions	contribution to death but no	ot resulting in the u	indeduing cause o	ivan In Part I	23h Did i	obacco usa co	ntributa to	the cause of death?	
P.0	that the de ed by the a datached	Physician/	SEVERIE	1000	or reconnecting in the e	mountying occord g	ivanii ranti.	1 🗆 1			pably 4 Unknown	
	es tha igned be da	by	OFVERTE									
Records,	2 S D	Completed	DEMETI	4				24e. Was perfo	an autopsy med?	cor	ere eutopsy findings allable prior to mpletion of cause daath?	
<u> </u>	Tha ata h pagi	Corr						101	as 2 No	1 🗆	Yes 2□ No	
Vital	lcian: The cartificata rector, pag	Be	25. Was cesa referred to medicel examinar?					ath (Check only o	na)			
of	Physician: this cartific ral director,	P	1 ☐ Yas 2 No	Hospitel: 1 Inpatient	2 ER/Outpatle	III JUDON		ome 5 Resid)	
n C		lon	27. Manner of Death 1. Naturel 5 Pending	28a. Data of Injury (Month, Day Ye	ar) 28b. Tima o Injury	Wo		28d. Describe h	now Injury occur	red		
Division	eatl tha	cat	2 Accident investigation 3 Sulcide 6 Could not	De Diese of Injune	At home form at		Yes 2 No	29f Location /6	Streat and Numb	or or Pura	I Pouts Number	
百	3 등 등 6	Certification:	4 ☐ Homicida determined	28e. Place of Injury - building, etc. (S	pacify)	reet, lactory, office		City or Tox	m, Stata)	er or nura	HOOIA NUMBER	
+	To the following within to the following to the following completely filled	edicai C	29a. Cartifiar (Check only one)	hyulcan: To the best of my miner: On the besis of axe and mannar stated.	y knowledge, deati mination and/or in	h occurred at the t vestigation, in my	ime, dete end plece opinion, death occu	, end dua to tha α πed et the time,	ceusa(s) and ma data and place,	nner as st	eted. tha ceusa(s)	
_	To with the To the compli	Z E	29b. Signature and title of contrior	and marrial stated.		29c. Licen	se number		29d. Dete signe	d (Month, L	Day, Year)	
	->-0		* Au	con	102	TI	8344		1-20	1.90	7	
	/	-	39. Name and addrass of person who	completed ceusa of daath	(Item 23e) (Type.	Print)	/) ~	x a	h	-	
	6		LII'S ERIVE	RA, M.D	571	4HAR K	and t	d DA	Ltol	hd ?	4214	
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State of Maryland / Department of Health and Mental Hygiene

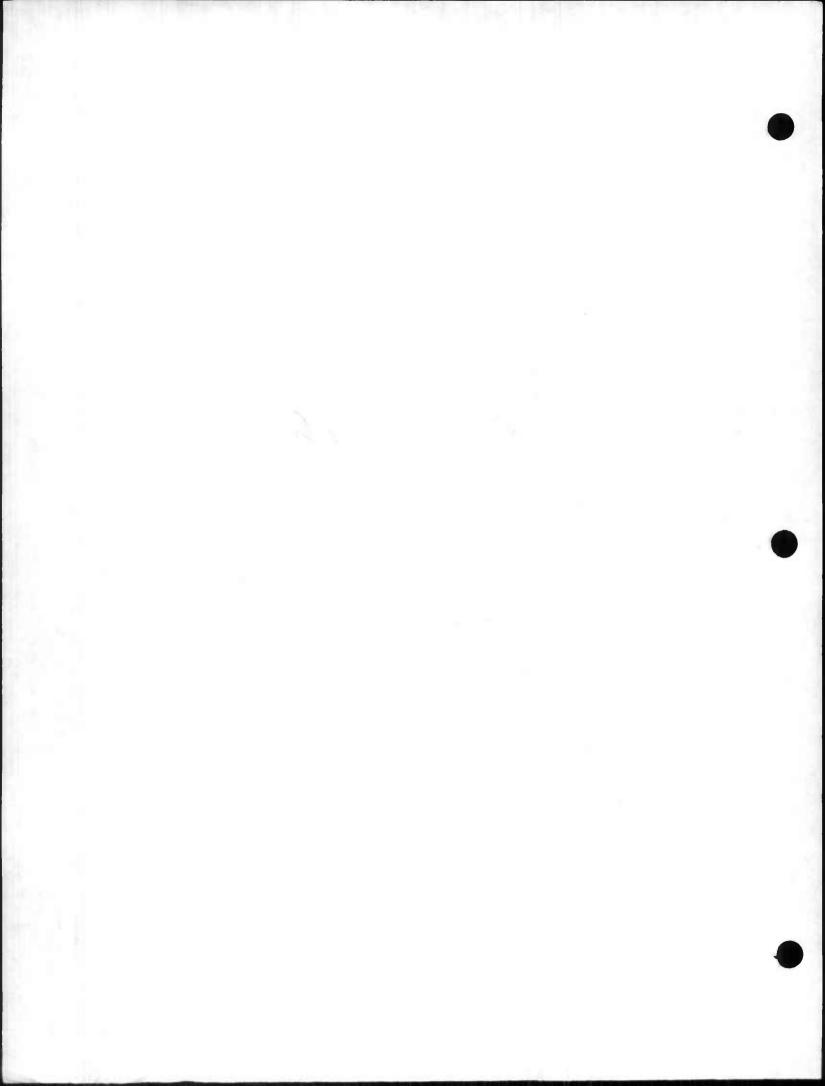
			State of Maryland /	Certificate of		Reg. No.	05345					
	sician edical	1. Decedant's Nama (First, Middla, Last)	EDDICK			ata of Daath onth Day	3. Time of Death 97 10:40 PM					
	miner ral	211-24-1239	SENERAL H	LATITIZO	BALT MOIS Hours Min. 8. De Hours Min.	of Daath 4c. County ORC BALTI ta of Birth onth, Day, Yaar)						
Meryland f show	Į.	Usual Rasidanca of Dacadant 10a. Stata 10b. County	1.	own or Location			10d. Inside City Limits 1 ¥Yas 2 □ No					
th with the 23s or 28s	ral Director	10e. Straat and Number 6116 BELIFIR	ROAD	10f. Zip Coda 212		10g. Citizan of V	What Country?					
020 urs efter dee al', or itema	by Funeral		12. Was Dacadant Evar in U,S. Armed Forcas? 1 Yas 2 Who If Yas, Give Yaar or Datas:	13. Was Decedant of H If Yas, specify Cuba 1 ☐ Yas 2 ☑ No	lispanic Orlgin? (Specify Yan, Maxican, Puarto Rican, Specify:	as or No- atc.) 14. Rac Blac Specify	e - American Indian, ck, Whita, atc.					
and 21215-0020 be filled within 72 hours efter deeth with the Meryland Ital Hygiene. And other than fratural; or terms 28s or 28s-1 show event. The Medical Express.	Completed	15. Decadant's Edui (Specify only highast grade Elemantary/Secondery (0-12)	ation 16	Sa. Dacadant's Usual Occup (Giva kind of work dona life. DO NOT usa ratired	nation during most of working	16b. Kind of Bu	usinass/Industry					
		17. Fathar's Nama (First, Middla, Last)		18. Mothar's Nama (First, UNK		na)						
t. Pages 1 and 2: tment of Health ar tant: If them 27 is		19a. Informant's Name/Ralationship (Ty) Ruth Monroe — 20a. Mathod of Disposition 1 Burial 2 Cramation 3 R 1 Donation 5 Othar (Spacify) 21. Signature of Funaral Sarvice Licanus	Sucuridum 8 20b. Place comai	9b. Malling Addrass (Streat of Disposition (Neme of tary, crematory or other place) 22. Nama and Addra	2/20) July 2/20)	Balline M. 20c. Location -	Stata, Zip Coda) 10. ZI 201 City or Town, Stata well, M.D.					
Physicia /Medic Examin	er	23a. Part1. Enter the disease, or no person shock, or heart feilure. List on on Immediate Cause (Final disease or condition resulting in death)	carolo mi	40 PATHY a consequence of):	ng, such as cardiac or raspi	EMPHINEV iratory arrest,	Approximata Interval Between Onsat and Death					
I RECORDS, P.O. BOX 68/60, The law requires that the death certificete be executed ate has been signed by the attending physician and page 2 should be detached for use as the buriet-frensit	in/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause, (Disease or Injury that initiated avents rasulting in death) Last Dua to (or as a consequenca of): Dua to (or as a consequenca of):										
cords, P.O. BOX to require that the death certification been signed by the attending should be detached for use as	Physician/N	Part II. Other eignificant conditions cont	ributing to death but not resulting	an In Part I. 2	23b. Did tobacco use contribute to the cause of de							
Kecords, he law requires the has been signed ge 2 should be considered.	Completed by				24	la. Was an autopsy performed?	24b. Wara autopsy findings available prior to completion of causa of death?					
	B	25. Was casa rafarred to medical axaminar?	ospital:	l Ou	26. Place of Daeth (Chec	1 ☐ Yas 2 No	1 ☐ Yas 2 ☐ No					
UNUSION OT VICA within 24 hours after death. To the Hospital or Attending Physicien: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director,	Certification: To	1 Yas 2 No 11 27. Manner of Death 1 Natural 5 Panding 2 Accident Invastigation 3 Suicida 6 Could not be detarmined	Inpatiant 2 ER/C		y at k? Yas 2 \sum No	☐ Rasidence 6 ☐ Oth escribe how Injury occurred to a Communication (Street end Numbry or Town, State)						
the Hospita in 24 hours the Funeral	ledical (one) 2 Medical Examin	clan: To the bast of my knowledger: On the basis of examination eand manner stated.	ge, daath occurred at the timend/or invastigation, in my o	ne, dete end plece, and du pinion, daath occurred at th	a to tha causa(s) and ma na tima, data and place, i	nnar as stated. and dua to tha causa(s)					
Tor With	Σ	1	BUTT THITE	0 (a number 267	29d. Data signed	(Month, Day, Year)					
	State strar	30. Nama and address of person who core KHURRAM BU 31. Data filled (Month, Day, Year) FEB 24 1997		827 LINO	EN AVE.	BALTIMO	DRE, 21201					

DHMH 16 Rev 6/95



VOID
CERTIFICATE **

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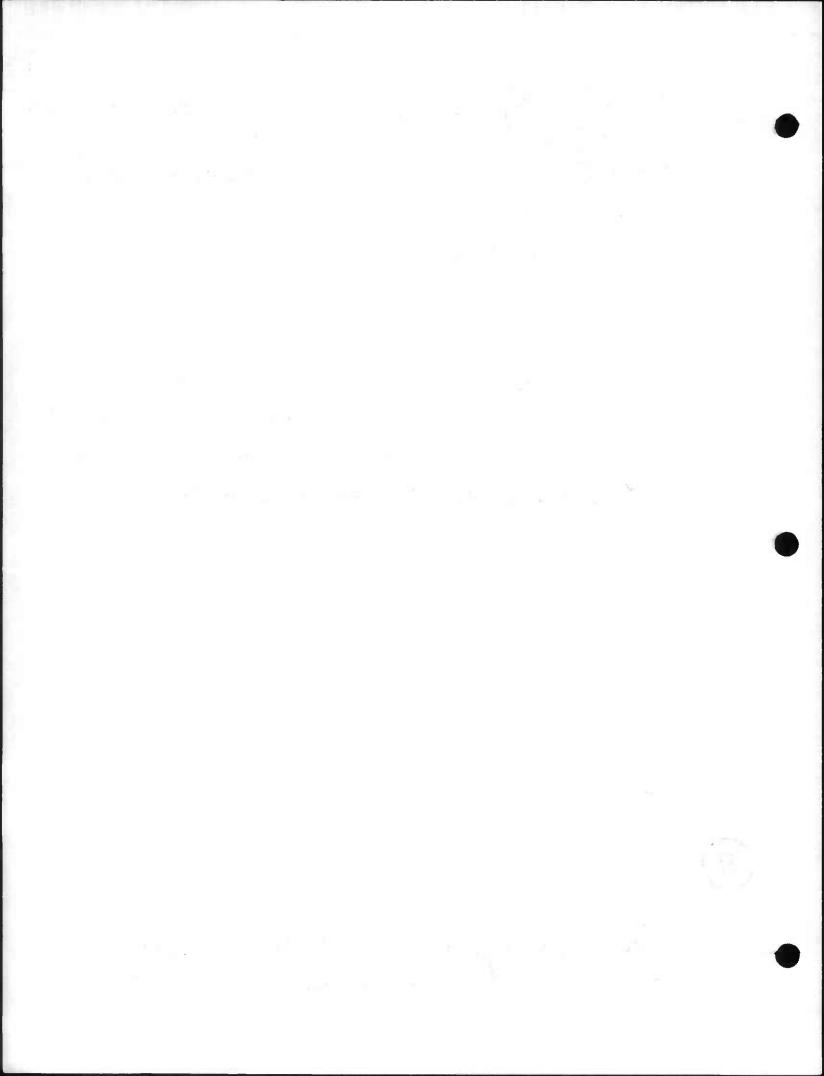


State of Maryland / Department of Health and Mental Hygiene

05347

		Certificate of Death	- F	Reg. No.								
Physici /Medic		Percy L. Reynolds, Sr.	2. Date of Dea Month	ith	7°9°7	3. Time of Death 2: 55 P						
Examir		4a. Facility Name (ifinot institution, give street and number) The Wesley Home 4b. City, Town, or L Baltimor		4c. County	of Deeth	/A						
Funeral Director		5. Social Security Number 705-05-4873 6. Sex 12 M 2 F 7. Age (In yrs. last birthday) 7. Age (In yrs. last birthday) 12 Months 13 Months 14 Months 15 Months 16 Months 17 Min.	8. Date of Birth (Month, Day July 29	, Year) , 1898	9. Birthp Coun Mary	lace (State or Foreig stry) yLand						
Maryland a-f show	ctor	10a. State 10b. County N/A 10c. City, Town or Location Baltimore			1	0d. Inside City Limit:						
h with the 23a or 28	Funeral Director	The Wesley Home 2211 W. Rogers Ave. 21209		10g. Citizen of	Citizen of What Country? USA							
2 should be filed within 72 hours after death with the Maryland and Mentalish Hygiene. Is marked other than "natural", or freme 23a or 28a-f show reumatic event, the Medical Evaluation man be numbed at	by	11. Marital Status 1 Never Merried 2 Married 3 Midowed 4 Divorced 12. Was Decedent Ever in U,S. Armed Forces? 1 Yes Status 13. Was Decedent of Hispanic Origin? (Sr If Yes, specify Cuben, Mexican, Puerto Yes, Give Year or Dates:	pecify Yes or No- Rican, etc.)		14. Rece - American India Black, White, etc. Specify: Whit							
eemit. Pages 1 and 2 should be filed within 72 hours af bepartment of Health and Mental Hygienthent of Health and Mental Hygienthen manocrant: If fem 27 is marked other than "natural", or my injury or other traumatic event, the Medical Evanince.	Completed	15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 16a. Decedent's Usual Occupetion (Give kind of work done during most of work life. DO NOT use retired) Freight Traffic Auditor			6b. Kind of Business/Industry B&O Railroad							
uld be filed Kentai Hygier Ked other tic event, th	To Be Co	12 17. Father's Neme (First, Middle, Last) 18. Mother's Nam			Sumame)							
and 2 shore agith and A n 27 is mainer traume				or, City or Town,	State, Zip aryla	nd 21209						
permit. Pages 1 and 2 should Department of Health and Men Important: If Item 27 is marke any injury or other traumatic. once.		19e. Informant's Name/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State 2004) 19c. Informant's Name/Reletionship (Type, Print)										
permit. Departr Importu		21. Signature of Euneral Service Loanson 22. Name and Address of Facility Burgee-Henss Funda 3631 Falls Road 23. Seated Findle Service Loanson 24. Name and Address of Facility	Baltimor	e. Mar	yland							
Physician /Medicai Examiner		Immediate Ceuse (Final disease or condition a. UREM IMPRESENTATION ASSESSED IN THE CONTROL OF T	or respiretory at	1661,		Approximate interval Between Onset and Death						
AND GOLD	Examiner	Due to (or es a consequence of): - PROGRESSIVE REVIEW FAILUI	SE		/	MONTHS						
certificata be axecuted ding physician and ise as the bunal-transit	/Medical Ex	Sequentially list conditions, if any, leading to immediate cause. Enter Underyleidate Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): CARDIO VASCULAR Due to (or es e consequence of):	D15	EAVE		YEARS						
death e attan of for u	Physician/	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.	23b. Did tobacco use contributs to									
ne law requires a has been sig age 2 should b	Completed by		24a. Was perfor	an autopsy med?	co	ere autopsy findings allable prior to mpletion of cause death?						
ysician: is certific director.	To Be	25. Was case referred to medical exeminer? 1 Yes 20 No 26. Place of Dea Hospital: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4X Nursing Ho	th (Check only o		er (Specify	у)						
or Attending Ph Director: I in the rail	Medion	27. Manner of Death 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 4 Homicide 28a. Dete of Injury 28b. Time of Injury 4 Work? 28b. Time of Injury 28b. Injury at Work? 4 Pomicide 28c. Injury at Work? 4 Pomicide 28c. Injury at Work? 5 Pending Investigation 28b. Time of Injury 4 North 28b. Injury at Work? 5 Pending Investigation 28b. Time of Injury 4 North 28b. Time of Injury 4 North 28b. Time of Injury 5 North 28b. Time of Injury 5 North 28b. Time of Injury 6 North 28b. Time of Injury 18b. Time of Injury 5 North 28b. Time of Injury 6 North 28b. Time of Injury 6 North 28b. Time of Injury 18b. Time of Injury 6 North 28b. Time of Injury 8 North 28b. Time of Injury 8 North 28b. Time of Injury 8 North 28b. Time of Injury 18b. Time of Injury	28f. Location (S City or Tow	Street and Numi	7	nl Route Number,						
Hospita 24 hours Funery Hally (Se	edical Cer	29e. Certifier (Check only one) Cartifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and manner stated.	and due to the	cause(s) and m	anner as st	tated. the cause(s)						
To the within 2 To the comple	Me	290. Signature and title of certifler Robyno D-19425		29d. Date signe	d (Month,	Day, Year)						
5		30. Name and address of person who completed cause of death (Item 23a) (Type, Print) REBERT E, RY M.D., ZZII W. REGERS 31. Dete filed (Month, Day, Year) 32. Registrar's Signature	AVE	7120	9							

State Registrar



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		FOR STATE REGISTRAR		STATE OF I	MARYLAND C	/ DEPAR					MENTA	AL HYGIEN	E	21	05348
	1	1. DECEDENT'S NAME (First,	Middle, Last)									E OF DEATN			3. TIME OF DEATH
		Phil	in Br	cooks Ri	dalev	.Tr					Feb	-		997	00:20am M
	١	4. SOCIAL SECURITY NUMBI	ER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER		IF UNDER		7. DATI	OF BIRTH		8, BIRTN	PLACE (State or Foreign
	i	217-12-220		1 X M 2 □ F	73	YRS.	MONTHS	DAYS	HOURS	MIN.		nh, Day, Year)	1923	Mar	yland
		9a. FACILITY NAME (If not ins					9b. CITY,	TOWN C	R LOCATIO	ON OF D				NTY OF D	
5		Carroll Co	ounty	General	Hospita	al	W	estr	ninst	er			Ca	arrol	1 County
DIRECTOR		10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
듬		Maryland	Carro	ll Count	37		Svke	arri 1	11-						LIMITS?
VZ		10e. BTREET AND NUMBER			<u> </u>		PAVE		ZIP CODE	E			10g. CIT	IZEN OF W	/HAT COUNTRY?
FUNERAL		218 Obrecht	t Road						21	784				U.S	7
- Já		ti. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A		13. 1	WAS DEC	ENDENT O	F NISPA	NIC ORIGI	IN? (Specify Yes	or No-	14. RACE	- American Indian.
1₹	-	1 Never Married 2 2 1 3 Widowed 4 Divon		IF YES, GIVE Y	WAR OR DATES		_ 1					Rican, atc.)		Speci	White, etc.
0	ŀ		OENT'S EDUC	CATION	144.5	WWI]									White
ETEL			highest grade			Give kind of the Do NOT us	work done d	during mos	IN st of workin	g	16	b. KIND OF BUS	SINESS/ING	DUSTRY	
1 4		7	12)	College (1-6 or 5	'	Farme	r					Δα	micu	ltur	
once.		17. FATHER'S NAME (First, Mic	ddle, Leet)						18. MOTH	HER'S NA	AME (First,	Middle, Maiden		I Cui	6
를 때		Philip H	3rooks	Ridgley	, Sr.							a Lilli		Oruo	500
TO B		19a. INFORMANT'S NAME (Ty)				9b. MAJLING	ADDRESS	(Street a				nber, City or Town			<u> </u>
E -		Mrs. M. Leor	na Rid	gley (Wi	fe)	218 C	brech	ht R	oad	Svke	esvil	lle. M	217	84	
ts!		20a. METHOD OF DISPOSITION 1 DISPOSITION 2 Cremetion	3 🗆 Ramo	oval from State	20b. PLACE	AND DATE	OFDISPOSI				DA			City or To	wn, Stata
examiner must be notified at once. TO BE COM		4 Donation 5 Other (ingfi	eld (2/24	1/97 Sy	kesv	ille	. MD
틭		21. SIGNATURE OF FUNERAL		ENSEE	1		22. F	HATG	D ADDRÉS	SS OF FA	CILITY				Box 195)
		Pria		Hayu	120			Syke	svil	le,	MD 2	21784 (410)	-795	-1400
atic event, the medical		23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, DIE TY OR AS A CONSCIENCE OF:												Approximate interval Batween Onset and Death	
CERTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.													
트	ı	PART II. Other significen	t conditions	contributing to	death but not	resulting i	n the und	derlying	ceuse g	iven in	Part i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA	ı	NEDDIT.										PERFOR	110		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME M	ı	HodaKin	die	recas .											1 TES 2 NO
S Z															
E C	ı	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF DE	EATN (Ch	eck only o	ne)			
14S	ı	1 YES 2 X NO		1 D Inpatient 2			4 - Nursi	ing Nome		sidence					
		1 Natural 5 P	ending	28s. DATE OF (Month, D		28b. TIM	URY	28c. INJU WOF	RK?		26d. DE	SCRIBE NOW IN	JURY OC	CURED	
		* -	rveatigation	28e. PLACE O	F INJURY — At h	OTTO SOUTH OF			ES 2 _	NO	224.124				
TED 78	l,	= " " "	ould not be stermined	building,	etc. (Specify)	onre, rerni, a	RIGGE, FACEO	ry, ornea			City	OATION (Street a or Town, State)	nd Number	or Rural Re	oute Number,
MPURIANI: IT ITEM 28 IS D BE COMPLETED		29a. CERTIFIER (Check only one) 1 CERTIF	FYING PNYSIC	CIAN: To the best of a	my knowledge, d	eath occurre	d at the tin	ne, data o	and place,	and due	to the ca	use(s) and man	ner as stat	ed. e cause(s)	and manner as stated.
BE		296. SIGNATURE AND TITLE C							29c. LICE		MBER		29d. DAT	SIGNED	(Month, Day, Year)
TO T	L		asiv.		10				D37	711			1	2/22/	97
-		MOKKtur	/	asir,	295 S	town		ue	22	مآرر	30	. w.	ert en	mle	MD 21172
		FEB 24	1997	JE REGISTRA	R'S SIGNATURE	lath					_				-1.12



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 05349 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** Month LULA 106 O1:5 reneHAN D SO 20 /Medical 4e. Fecility Name (If not Institution, giva street and number) 4b. Cltv. Town, or Location of Deeth 4c. County of Deeth **Examiner** Long View Nursing HOme Manchester Carroll 5. Sociel Security Number If Under 1 Yeer | If Under 24 Hrs. 7. Age (In yrs. lest birthday) Birthplece (Stata or Foraign Country) 8. Dete of Birth (Month, Day, Year) **Funeral** Deys 1□ M 2□F Yrs. 94 Director 217-22-4634 Jan. 24 1903 Maryland Usuel Residence of Decedent 10b. County 10c. City, Town or Location New Windsor 10a State 10d. Inside City Limits notified at MD Carroll Director 1 ☐ Yes 2 X No 28a-f 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 8 munt be 2735 Sams Creek Road Herms 23a 21776 U.S.A. Funeral 12. Wes Decedant Ever in U,S. Armed Forces? Was Dacedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puarto Rican, etc.) 14. Rece - Amarlcen Indien, Black, White, etc. 11. Marltal Stetus 1 Navar Married 2 Married 1 ☐ Yas 2 ☐ No If Yes, Give A Yeer or Detes: 1 ☐ Yes 2X No Specify: Specify: White by 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 11 Homemaker Domestic Baltimore, Maryland 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surneme) Be Pages 1 and 2 should be and Mental Robert E. Day Frances Harding 19e. Informent's Name/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Important: If item 27 any injury or other to Joseph Renehan (son) 3100 Cardinal Dr. Westminster MD 21157 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stata b 1 Burial 2 Cremetion 3 Ramoval from State 4 Donetion 5 Othar (Spacify) Springfield Cemetery 2/22/1997 Sykesville MD 21. Signatura of Funeral Service Licensee 22. Name end Address of Facility Haight Funeral Home & Chapel at the disease, or complications marceused the deeth. Do not anter the mode of dying, such as cerdiec or respiretory errest, hear fellure. List only one capte on each line. P.O. Box 195 Sykesville MD 21784 Approximete Interval Betwaen Onset and Deeth Physician struction Directiculities /Medical Immediate Ceuse (Finel disease or condition resulting in deeth) Examiner Due to (or es e consequence of): with relais abcess Physician/Medical Examiner the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immedieta cause. Enter Underlying Ceuse (Diseese or Injury that initiated events rasulting in deeth) Last Due to (or es e consequence of): P.O. Box 68760. Due to (or as a consequence of): use Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? Heart Means 1 Yes 2 No 3 Probably 4 Unknown been signed t should be det Records. by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? certificate 1 Yas 2 No of Vital or Attending Physician: Be 25. Wes case referred to medical examiner? 28. Plece of Death (Check only one) 1□ Yes 2□No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA this To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral of 27. Manger of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Division 1 Naturel 5 Pending Investigation 1 ☐ Yes 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and piece, end due to the cause(s) end manner es stated.
2 Medical Examiner: On the basis of axaminetion end/or investigation, in my opinion, deeth occurred et the time, dete and place, and due to the cause(s) and manner steted. Medical 29a. Certifier

State Registrar

Fo

30. Neme and eddress of person who completed cause of deeth (Itam 23a) (Type, Print)

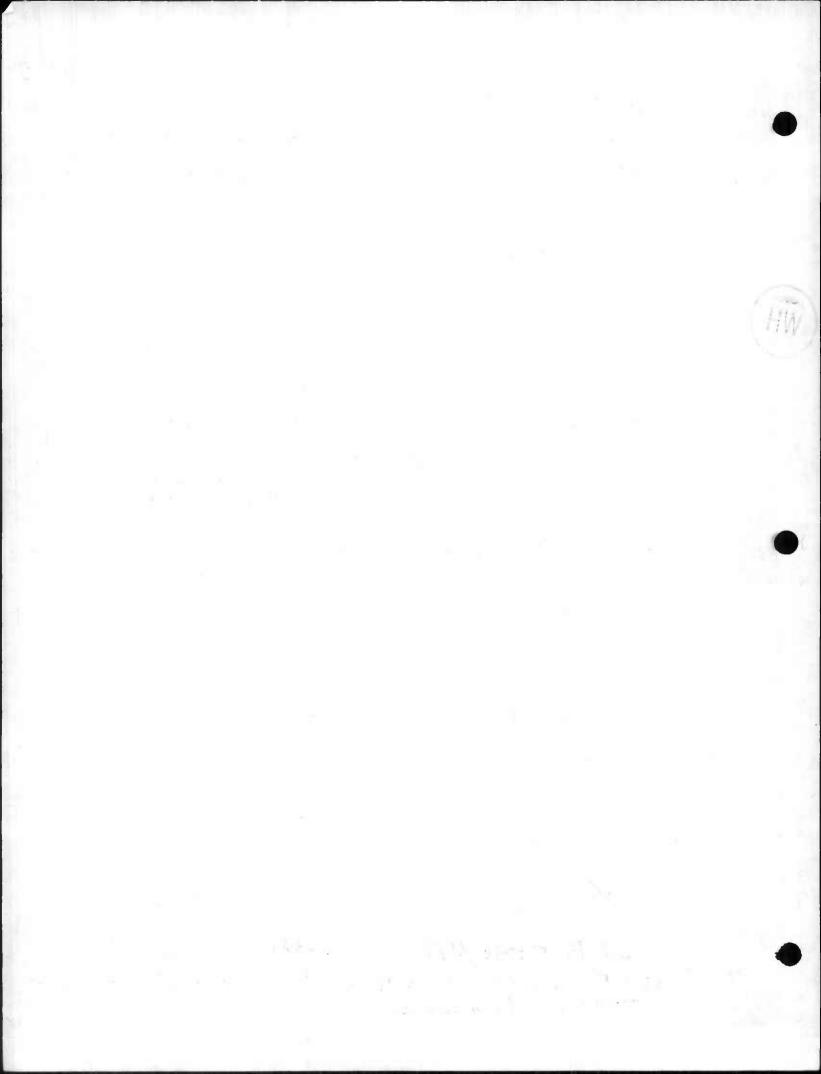
29b. Signature and title of certified

3223 MAIN ST MANCHESTER Md 21102

29c. Licensa number

DO2386

29d. Date signed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene

	045		Decedent's Nama (First, Middle, La				tificate of			Reg. No.	97	05350			
	Physici		Carolyn Louis						Month	Day 22,	Year	3. Time of Death 12:35 am			
8	/Medi Examir		4a. Facility Name (If not Institution, giv		4b. City, Town, or L	-	-	y of Death	12.33 am						
	LXaiiiii	161	Greater Baltim	III - : - : - · ·		er		Towson			ltimo	re			
	Funeral Director		5. Social Security Number 8. S	Sex 7. Ag	e (In yrs. last		If Under 1 Year Months Days		8. Date of Birth		9. Birtho	lace (State or Foreign Trisy1vania			
	Meryland -1 show	tor	Usual Residence of Decedent 10a. State 10b. County Maryland Baltimo	ore	10c. City, To	own or Loc	ation				1	0d. Inside City Limits			
	th with the 23a or 28a ust be not	Funeral Director	10e. Street and Number 1103 Ivy Wood Lar	ne Apt	. 203		10f. Zip Code 21286			10g. Citizen of U.S.A.	of What Country?				
Maryland 21215-0020	al', or items	by	11. Marital Status 1 □ Naver Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 Yes 2 1 If Yes, Give Yaar or Dates:			as Dacadent of H Yes, specify Cub ☐ Yes 2 No	of Hispanic Origin? (Specify Yas or N uban, Mexican, Puerto Rican, etc.) No Specify:		No- 14. Race - Am Black, Whi Specify: Wh		etc.			
	be filed within 72 hours effect death with the Meryla the Hydisne. do other than "natural; or frems 23a or 28a-1 show event, the Medical Examiner must be notified at	Completed	15. Decedant's Elementery/Secondary (0-12)	ducation de completed) College (1-4or 5	oleted) 16a. Deceder (Give kir) life. DC HOme			pation during most of work d)	orking 16b. Kind			dustry			
	d air o	To Be C	17. Father's Nama (First, Middle, Last, Peter	Hart	man			18. Mother's Nam Haze1	ne (First, Middle,		ma) iley				
	9 = 5 =		19e. Informant's Name/Relationship (Mrs. Patricia A. I	end Number or Rui Ridge D:	ral Route Number., Luthe	r, City or Town rville	, Stete Zip Md	^{Code)} 21093							
			20a. Method of Disposition 1 Date 1 Description 20b. Place of Disposition (Name of cemetery, crematory or other place) Arlington National 3-4-96								20c. Location - City or Town, State Arlington, Va.				
בור בור בור בור בור בור בור בור בור בור	Department of Important: If I any injury or once.		21. Signature of Function Society (Section 1) 22. Name and Address of Eaclify Ruck Towson Funeral Home, Inc. 1050 York Rd., Towson, Maryland 21204												
	hysician /Medical Examiner		23a. Part1. Enter the disease, or com shock, or heart failure. List only Immediate Cause (Final disease or condition resulting in death)						or respiratory an	est,		Approximate Interval Between Onsat and Death			
positore	and transit	Examiner	Immediate Cause (Final disease or condition resulting in death) a. RESTINATORY FAILURE Due to (or as a consequence of): PULM ON AM EMBOLISM Due to (or as a consequence of):									0441			
Cartificate he executed	ding physician and see as the buriel-transit	fedical	Cause (Disease or injury that initiated events resulting in death) Last Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequenca of):								1				
the death car	ned by the attending	Physician/N	Part II. Other significant conditions of	en in Part I.	23b. Dld te	obacco use co	ontribute to	the cause of death?							
	0.5	þ							1 U Y	20 20 No		ably 4 Unknow			
3	28	Completed							24a, Was a perfor		ave	ora eutopsy findings allable prior to appletion of causa death?			
	pa					_			1 □ Y	as 2 No	10	Yes 2□ No			
cian	certificate rector, pag	Be	25. Was case referred to medical axaminer?	Hospital:			011	26. Place of Deat	h (Check only or	10)					
Phys	After this certific	. To	1 Yes 2 No	1 Impatial 28a. Date of Injur		Dutpatient	3□ DOA Oth	4 Li Noising no	oma 5 Reside)			
Anadina Physician: T	raceth. for: After by the fune	Certification:	1 Natural 5 Pending investigation 3 Suicide 6 Could not be	(Month, Day	Year)	. Time of Injury		Yes 2 □ No	28d. Describe h			l Route Number.			
1	y filled in		29a. Certifying Phy	building, etc	: (Specify)	ge, deeth o	occurred at the tin	ne, date and plece.	City or Town	n, Stete)	anner as st	Ried			
To the High	within 24 To the Fu complete	Medical	(Check only one) 2 Medical Example 29b. Signature and title of cartifier	Iner: On the basis of and mannar stat	examination a	and/or inve	29c. Licans	e number	red at the time, d	ate and place,	and due to	the cause(s)			
	.0	-	30. Name and eddress of person who	completed cause of de	aath (Item 23e) (Type P	DZ7	773.		2/2	497				
	IU		CARE CONON A	10 (16	N	30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print) GARY COURN, MP. 6369 N. CHARLES ST. BALTI. MP									

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

05351

		1. Decedent's Nema (First, Middle,	Last)						2. Dete of De			3. Time of Deeth
Physician	_	EDWARD	SAMUET		STA	RKLOF	F		Month FEBRUA	RY 21,	Yaer 1 9 9	7 7:20 A
/Medica Examine	_	4a. Fecility Neme (If not institution,			DIII	KIKIDOT I		4b. City, Town,	or Location of Deet			7.20 711
		SAINT JOSEP	H MEDIC	CAL CE	NTER			T	OWSON	BAI	TIMO	RE
Funeral Director		5. Sociel Security Number 214-01-4972	5. Sex 1√2 M 2 ☐ F	7. Age (In yrs	. lest birtho Yr:	Months	r 1 Yaar Days	If Under 24	Hrs. 8. Date of Bir (Month, De	th ey, Year)	9. Birthp Coun	lece (State or Foreign
D		Usuel Residence of Decedant							WDLTT 1	.6,1909_	Balt	imore,Md.
natural, or items 23a or 28a-f show lical Examiner must be notified at		10e. Stete 10b. County		10c. C	ity, Town o	r Location					1	0d. Inside City Limits
De notifie		Maryland Balt	imore Co	0.	Tows	on						1 □ Yes 2 No
or 28	e l	10e. Street and Number				10f. Zip Coda				10g. Citizen of	Whet Coun	try?
23a	0	37 Acorn Circle	Apt.	202			2128	6		Unite	d Sta	ites
P. San	Dy rur	11. Marital Status 1 □ Never Merried 2 □ Marrie 3 ☑ Widowed 4 □ Divorced	Armed F	2 ∑ No iiva	J,S.	I3. Was Dace If Yas, spe 1 ☐ Yas	cify Cub	dispenic Origin' an, Mexican, Pi Specify:	? (Specify Yas or No uerto Rican, etc.)	Ble	14. Race - Amarican indien, Bleck, White, etc. Specify: White	
lical in	2	15. Decedent's (Specify only highest	Education	1	16e. De	ecedent's Usu	el Occus	petion during most of	wating	16b. Kind of B	usiness/Ind	lustry
it, the Medical I	ounding	Elementary/Secondery (0-12)		(1-4or 5+)	li	e. DO NOT u	se retire	d)	cipal Cour	t Bal	timor	e City
avent, to		17. Fathar's Nama (First, Middle, Le	est)				Name (First, Middle,	(First, Middle, Melden Surneme)				
atic eve	ם	Edward George St	arkloff					Barbar	ra Berster	man		
am n		19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City									Stete, Zip	Code)
Item 2 other		Mrs. Doris S. Sauer (Sister) 20a. Method of Disposition 1 \(\sum_{\text{Derived}}\) Buriel 2 \(\sum_{\text{Cremetion}}\) Removel from State 4 \(\sum_{\text{Donetion}}\) 5 \(\sum_{\text{Other (Specify)}}\) 19b. Method of Disposition 20b. Plece of Disposition (Neme of cametery, crematory or other piece) New Cathedral Cemetery 2/25/97 Baltimore, Ma										wn, Stete
important: If any injury or once.												iome, Inc. on,Md.21204
sician edical		23a. Part 1. Enter the disease, or co shock, or heart feilure. List or Immediate Ceuse (Final disease or condition							diec or respiretory e		LAR	Approximete Intervel Between Onset and Death
miner		resulting in death)	θ	Due to (sequence of)							
, , , , , , , , , , , , , , , ,			DI	DISEASE							Y	EARS
ial-transit		Sequentially list conditions,	D	Due to (or es e consequence of):								
		Sequentially list conditions, if any, leeding to immediata cause. Enter Underlying Ceuse (Disaase or injury	LYMP	AMOH				M	ONTHS			
attanding physician and for usa as the burial-transit		thet initieted events rasulting in deeth) Lest	d	Dua to (d	or as a con	sequence of):						
0 - 0		Dod II. Oakoo alaa Misaa ahaa ahaa			ni 1							
d by tha atached		Pert II. Other significant conditions										the cause of death?
D 20 -		DIABETES MELL		PE II	WITH	OCCI	LUSI	VE	10	Yee 2X No	3 Prot	ably 4 Unknown
should be c		VASCULAR D	ISEASE						24e. Wes	en eutopsy rmed?	eva	ore eutopsy findings aliable prior to appletion of cause
has ga 2	I	HYPOTHYROIDISM	1				_		10	Yes 2 No	of c	teeth?]Yes Ž□No
cartificata rector, par Be Co		25. Wes case referred to medical exeminer?						26. Plece of	Deeth (Check only o	one)		
S 0		1 X Yes 2 No	Hospital: 1 🔀	Inpatient 2	ER/Outpa	tient 3 D	OA Oth	er: 4 🗆 Nursin	ng Homa 5 Resi	denca 6 Oth	ner (Specify)
mara non:	1	27. Menner of Deeth 1 ☑ Neturel 5 ☐ Pending 2 ☐ Accident invastigat		of injury oth, Dey Year)	28b. Tim inju	e of fry M	28c. Injui Wor 1 🗆			how Injury occur		
death.		3 Suicide 6 Could not determine	28a, Place	a of injury - At h ling, etc. (Special	ome, ferm,	streat, fector	y, office		28f. Location (: City or Tox	Street and Numb	ber or Rura	l Route Number,

State

Registrar

Medical Ce

29e. Certifier (Check only one)

31. Dete filed (Month, Day, Year) FEB 2 4 1997

on partial cours of deeth (Item 23a) (Type, Print)

44 D , OSLER MEDICAL CTR., TOWSON, MARYLAND 21204

1 Certifying Physicien: To the best of my knowledge, dasth occurred et the time, dete end plece, and due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of exeminetion end/or invastigetion, in my opinion, deeth occurred et the time, dete and pleca, end due to the ceuse(s) and menner steted. 29c. License number

D 26637

29d. Dete signed (Month, Day, Year)



tan in participate and the second

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle Last) 2. Data of Daath 3. Time of Death Month **Physician** Yaar SMITH JOSEPH 11:00AM FEBRUARY 19,1997 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 515 Kent Ave. Catonsville Baltimore 6. Sex 1 M 2 □ F 5. Social Sacurity Number If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth Month, Day, Year) 09/08/1911 Birthplaca (State or Foraign Country)
 P A 7. Aga (In yrs. last birthday) **Funeral** Days Months Hours 705-03-6621 85 Yrs. Director Usuai Rasidanca of Dacadani 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show the Medical Examiner must be notified at MD. Baltimore Catonsville 1 ☐ Yas 2X No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? ŏ 238 515 Kent Ave. 21228 U.S.A. Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ঐYas 2 □ No If Yas, Giva Yaar or Datas: Herms Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - American Indian, Black, Whita, atc. 11. Maritai Status should be filed within 72 hours after nd Mental Hygiene. marked other than "natural", or ite 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 White 1 ☐ Yas 2 ☐ No Specify: p 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry (Spacify only highast grada completed) Elementary/Secondary (0-12) Collega (1-4or 5+) Accounting Dept. C&O Rail Road 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meiden Surnama) permit. Pages 1 end 2 should be in Department of Health and Mental Important: If item 27 is marked of William Smith Mary Foley 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Routa Number, City or Town, Stete, Zip Code) Louise Smith/ Wife 515 Kent Ave. Catonsville, MD. 20b. Place of Disposition (Nema of cematary, crematory or other place) Cem. 20a. Mathod of Disposition
1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from Stata 20c. Location - City or Town, Stata 0 Garrison Forest Vet. 5 Othar (Specify) 2/24/97 Owings Mills, MD. 4 Donation 21. Signature of Furnish al Service Sterling Ashton Funeral Home, Inc. 736 Edmondson Ave. Balto., MD. 23a. Part1. Enter the disease or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. Lint only one cause on each line. Intarval Batween Onsat and Death **Physician** bronchopneumonia

Dua to (or as a consequence of):

Alzheimer 15 disease /Medical Immediata Causa (Final disaasa or condition rasulting in daath) Examiner Examiner physician end s the burial-transit The law requires that the death certificate be executed Sequantially list conditions, if any, leading to immadiate causa. Enter Undarlying Cause (Disease or Injury that Initiated events rasulting in daath) Last Box 68760, Physician/Medicai Dua to (or as a consaquanca of): P.O. | Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Onknown Records, þ Completed 24b. Were autopsy findings availabla prior to complation of causa of death? 24a. Was an autopsy performad? page 2 s 1 Yas 2 NO certificate Division of Vital or Attending Physician: Be 25. Was casa rafarrad to medical 26. Place of Death (Check only one) 2 1 ☐ Yas 2 No Other: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Other (Specify) 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: 28b. Tima of After 5 Panding investigation 1 Natural To the Hospital or Attendin within 24 hours after death. To the Funerel Director: Af completely filled in by the fu death. 1 ☐ Yas 2 ☐ No 2 Accident 3 Suicida 6 Could not be 28e. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stata) 4 Homicida Certifying Phyaician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

| Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edicai 29a. Certifian (Check only 29b. Signatura and titla of cartifiar 29c. Licansa number 29d. Data signad (Month, Day, Yaar) House causa of death (item 23a) (Type, Print) 21287 en, M. D. 6 600 N. Wolfe St. Carnegie 400 Balto., MD.

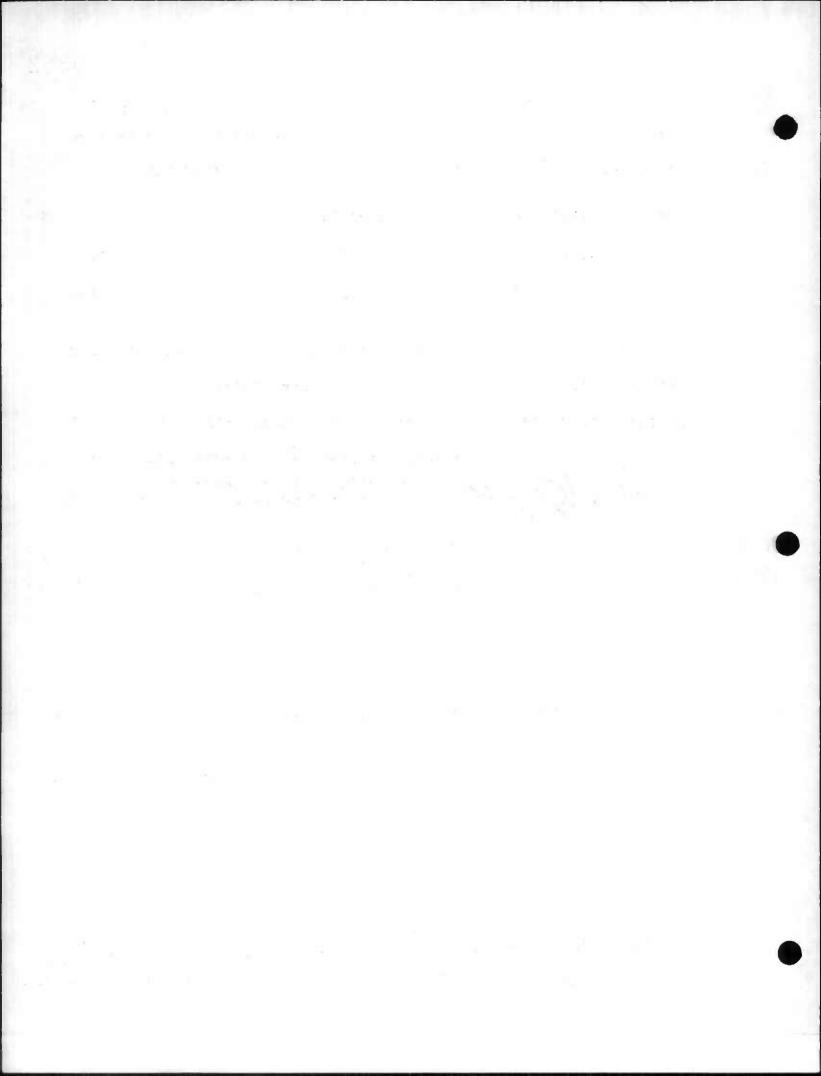
DHMH 16 Ray 6/95

State

Registrar

31. Data fillad (Month, Dey, Yaar)

FEB 24 1997



Items: 23 part I, II per MEO G-745 3/5/97 rebr45 2/4/97 of Death

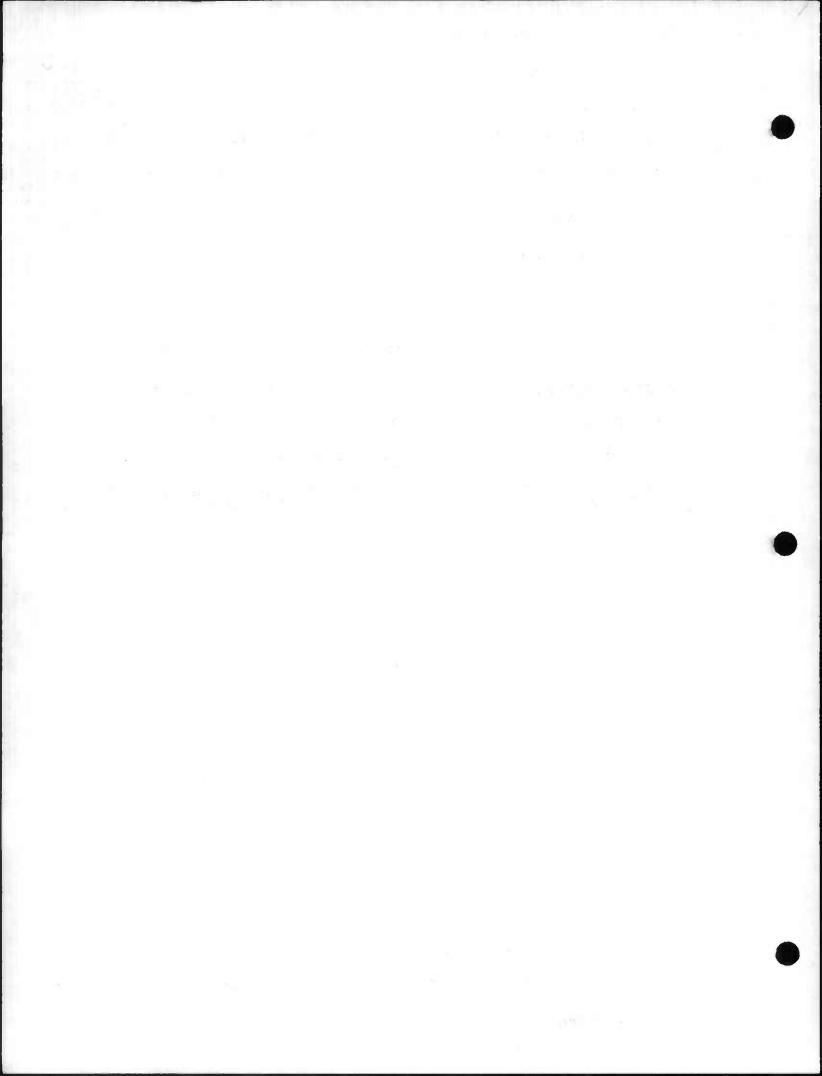
Rep No. 3 part I, 27, 28a, b, c, d, e, f per MEO Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** FEB. 1997 18, MICHAEL SMITH 1301 PM /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner UNIVERSITY HOSPITAL S.T.U BALTIMORE 7. Age (In yrs. last birthday) If Under 1 Year | If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) 9. Birthplaca (State or Foreign Country) **Funeral** 1 ☐ M 2 ☐ F Deys Yrs. 217-58-1724 Director 44 MAY 1, 1952 MARYLAND Usual Residence of Decedent the Maryland worle 10a. State 10b. County 10c. City. Town or Location 10d. inside City Limits r than "natural", or Nems 23s or 28s-f show the Medical Examiner must be not fied at 1 ☐ Yas 2 ☐ No Director BALTIMORE BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 5830 WESTWOOD AVE. 21206 U.S.A. death 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas ② No If Yes, Give Year or Dates: Was Decedant of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status filed within 72 hours after a Hygiene. Naver Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: WHITE Ag 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education 16a. Decedent's Usual Occupation 16b. Kind of Businass/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) Elemantary/Secondary (0-12) Coltege (1-4or 5+) DRY WALL CONSTRUCTION 10 other 17 Father's Name (First Middle Last) permit. Pages 1 and 2 should be file Department of Health and Mental Hy important: if flam 27 is marked othe any lojury or other traumatic event any lojury or other traumatic event anse. 18. Mothar'a Name (First, Middle, Malden Surname) Be ALFRED JAMES SMITH SHIRLEY LEE TURNBULL 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) SUSAN JACKSON/SISTER 5830 WESTWOOD AVE. BALTIMORE, MD. 21206 20b. Place of Disposition (Nama of cemetery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burlal 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) CHESAPEAKE CREMATORY 2/20/97 BELTSVILLE. MD. 21. Signature ral Service Licensee 22. Nama and Addrass of Facility BRADLEY ASHTON FUNERAL HOME, 2134 WILLOW SPRING RD. DUNDALK, MD.21222 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the moda of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Intarvai Between Onset and Death Physician /Medicai tmmediate Causa (Final HEAD INJURIES COMPLICATING INTRACEREBRAL HEMORRHAGE disease or condition resulting in death) Examiner Dua to (or as a consequence of) Examiner physician and the burial-transit be axecuted Sequentially list conditions, if any, leading to immadiate ceusa. Enter Underlying Cause (Disaasa or Injury that initiated events rasulting in death) Last Dua to (or as a consequence of): P.O. Box 68760, Physician/Medical Dua to (or as a consequence of) attending p signed by the al Part if. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part f. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Nonknown CHRONIC ALCOHOLISM Records. λq should I Completed 24a. Was an autopsy 24b. Ware autopsy findings available prior to completion of cause of death? 2 Yes AYas 2□ No 2 🗆 No certificate Division of Vital Be 25. Was cese refarred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient XXER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 XX Yes 2 No SIL funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. fnjury at Work? 28d. Describe how injury occurred Certification: Attanding 5 Pending investigation 1 Natural death. 1 ☐ Yes 2 (C)(No To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completely filled in by the fi 2/18/97 Subjest Fell X Accident unknown 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 206 Cedar Dr. 4 Homicide Glen Burnie, Md. 1 Certifying Phyaician: To the basis of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

**Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) O.C.M.E FEB. 19, 1997 30. Nama and addrass of person was complated ceuse of death (tem 23a) (Type, Print) Chute MD 111 Penn Street, Baltimore, Maryland 21201 Jennis 31. Date filed (Month, Day, Year) 32. Registrar's Signatura State

Registrar

FEB 24 1997

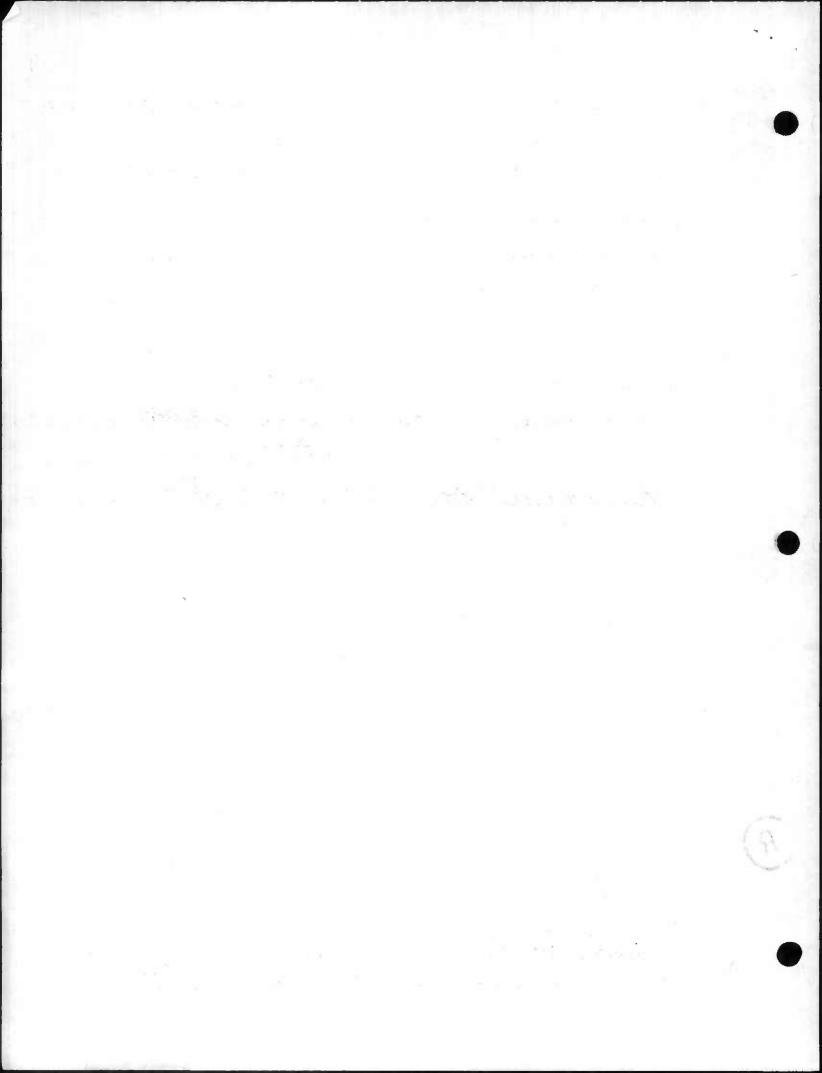
Like Davidson



State of Maryland / Department of Health and Mental Hygiene

05354 Certificate of Death 1. Dacedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death **Physician** February 21.1997 Mary C. 10:40am /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 1797 Westchester Avenue Catonsville Baltimore If Undar 1 Yaar If Undar 24 Hrs.
Months Days Hours Min. 5. Social Security Number 8. Data of Birth (Month, Day, Year) June 23,1913 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** 1□ M 2₩ F 213-48-9222 83 Vrs Director Louisiana Usual Rasidance of Dacedant with the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-1 show Examiner must be notified at 1 ☐ Yas 2 ☐ No Director Maryland Baltimore Catonsville 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? 6 1797 Westchester Avenue Негля 23а 21228 U.S.A. death v Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Year or Datas: Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. Peges 1 end 2 should be filed within 72 hours after conent of Health end Mental Hygiene. Int: If Item 27 Is marked other than "natural", or Iter 1 Navar Marriad 2CX Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: Specify: White p 3 Widowed 4 Divorced Completed traumatic event, the Medical 15. Decedant's Education (Specify only highast grada completed) 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Businass/Industry Elemantery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Sumama) Be Salvatore Serio Jenny Glorioso 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Depertment of Health er Important: If item 27 is any injury or other trau Saia (Husband) 1797 Westchester Avenue Peter Catonsville, Maryland 21228 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) Feb. 25, 20c. Location - City or Town, Stata 1 XBurial 2 Cramation 3 Ramoval from Stata Lakeview Memorial Park 4 Donation 5 Other (Specify) 1997 Edlersburg, Maryland 21. Signature of Fund al Sarvice Licenses 22. Nama and Addrass of Facility Witzke Funeral Home of Catonsville, Inc 1630 Edmondson Avenue Catonsville, Maryland 21228 ssell C 23a. Part1. Enter the disease, or complications that cause the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Batween Onsat and Death **Physician** Immediata Causa (Final disease or condition resulting in death) /Medical Examiner Dua to (or as a consequence of); Examiner oromegask The law requires thet the death certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying Cause (Diseasa or Injury that initiated evants rasulting in death) Last Due to for as a cor physician s the buria Records, P.O. Box 68760. Physician/Medical senicon Dua to (or as a consequence of): 80 signed by the e Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 Yes 2 No 3 Probably 4 YUnknown by 24b. Wara autopsy findings available prior to complation of causa of death? 24a. Was an autopsy performed? Completed page 2 1 Yas 2 No 1 ☐ Yas 2 ☐ No Vital lcian: 25. Was case referred to medical axaminar?

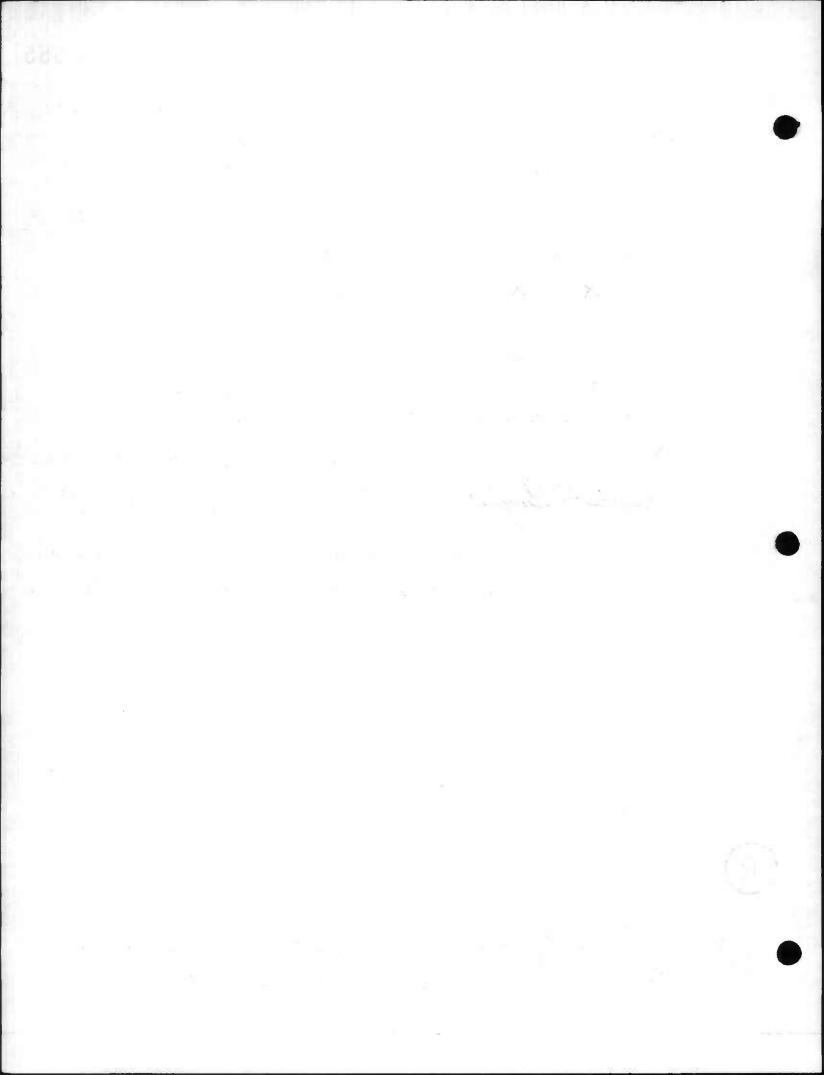
1 ☐ Yas 2 No Be 26. Place of Deeth (Check only one) Hospital: 1 Inpetiant Other: 4 Nursing Home 5 Rasidance 8 Othar (Specify) Certification: To 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 27. Menper of Daath 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Natural 5 Panding Invastigation 1 Tes 2 No 2 Accident 6 Could not ba datarmined 3 Sulcida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 24 hours • Funeral 29a. Certifiar (Check only one) 11 Cartifying Physician: To tha best of my knowledge, death occurred at the time, data and piece, and due to the ceuse(s) and menner as stated. Medical completely 2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. within 2 29b. Signature and title of ogriffie 29d. Data signed (Month, Day, Year) person who completed cause of death (item 23a) (Type, Print) OSPURA 31. Deta filed (Month, Day, Year) Ragistrar's Signatura State Davidson Registrar



State of Maryland / Department of Health and Mental Hygiene

97 05355

				C	Certif	icate of i	Death		Reg. No.		
Dhysisian	_	1. Decedent's Neme (First, Middla, Li	ast)					2. Date of De Month	Day	Year	3. Time of Deeth
Physician /Medical	١.		IMMONS					FEB. 2	20, 199	7	9:16 P.M
Examiner		4a. Facility Name (If not institution, git 4620 ROKEBY R		er)		4	4b. City, Town, or BALT	Location of Deat	h 4c. County	of Death	
Funeral Director		406 14 8662	Sex 7. 1 ★ M 2 ☐ F	Age (In yrs. last birtho	M	Under 1 Year onths Deys	If Under 24 Hrs Hours Min	8. Date of Bir AUG. 1	, 1916	9. Birth	place (Stata or Foraign NESSEE
and **	-	Usual Residence of Decedent 10e. State 10b. County		10c. City, Town o	r Locatio	on					10d. Inside City Limits
the Mary		MD. N/A		BA		MORE					1 Yes 2 No
Dir		10e. Street end Number	AD		1	Of. Zip Code			10g. Citizen of		
sitar death with the Ma witems 23a or 28a-fs where must be notified. Funeral Director	3	4620 ROKEBY RO	12. Was Decede	nt Ever in U,S.	13. Was	2122 Decedent of H	ispanic Origin? (S in, Mexican, Puer	Specify Yes or No		J. S. OF A. 14. Race - American Indian, Black, White, etc.	
by by	2	1 Never Married 2 Married 3 Widowed 4 Divorced	1 XYes 2[If Yes, Give Year or Dete	Yes 2 No	Specify:		Specil		LACK		
ed within 72 ho ygiene. er then "neturi ft, the Medical Completed		15. Decadent's E (Specify only highest gr	ada complatad)	16a. De	ecedent Biva kind fa. DO I	's Usual Occup I of work dona o NOT usa ratired	ation during most of wo	rking 16b. Kind of Busin			ndustry
Hygiene. Hygiene. Ather ther		Elementary/Secondary (0-12) N/A	College (1-4d	OF 5+)	оок				CULINA	ARY	ARTS
d other be filed d other be went, to	3	17. Fether's Neme (First, Middle, Last	-				18. Mother's Na	me (First, Middla	, Maidan Surnar	ne)	
2 should be filed within end Mental Hygiene. s marked other than aumatic event, the M			MMONS				WILLIE				
2 6 8		19e. Informent's Name/Relationship MRS. ELLA SIMM				okess (Street	end Number or R ROAD	ural Routa Numb BALTIM(
000-		20a. Method of Disposition 1 A Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Spaci	Removal from Sta	10	cramato	ory or othar plac		6/97 CEM.	20c. Location OWINGS		own, State BALT
permit. Pag Department Important: If any injury o		21, Signature of Funeral Service Lica		GARRIS	V22. Na	TUKESI ame and Addres	ss of Facility	CEM.			,
20 5 2 8		Lewis	11			I H. IAI	1 - 1A/ Y	NN FUNI	ERAL HO	OME	21215-639
		23a. Part1. Enter the diseese, or comshock, or heart failure. List only	plication net caus	sed the death. Do not	enter th	te mode of dyin	g, such as cardia	c or respiretory	rrest,	BALT	O MD Approximate interval Between
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/Medical Examiner		fmmediate Cause (Final disease or condition resulting in death)	. Bra	Due to (or as a cor	105	tases				1	month
6	-1		1700	Due to (or as a cor	nsequen	ice of):		1,,,,			1 months
n and iel-trensit		Sequentially list conditions	b. VIN	Due to (or as a con			in of	Jung		i	20 months
ding physician and se as the buriel-trensit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		223 14 (21) 22 (1) 431							
nding physician and use as the buriel-trensit		that Initiated events resulting In death) Last	C	Due to (or as a con	sequen	ce of):					
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d by the attenetached for u	-	Part II. Other significant conditions	contributing to deeth	n but not resulting in th	ne under	fylng cause giv	en in Pert I.	23b. Dld	tobacco use co	ontribute	to the cause of death?
ned by tha a detached f								10	Yes 2□ No	3 Pro	obably 4 Unknown
D 20 8								24a Was	an autopsy	24b. V	Vere autopsy findings
been si should t									ormed?	6.	vailable prior to ompletion of cause f death?
								10	Yes 2 No		□ Yes 2 No
this certificate ral director, pag.		25. Was case referred to medical					26. Place of De	eth (Check only		-	2700
To E		examiner? 1 Yes 2 No	Hospital: 1 Inpe	atient 2 ER/Outpa	atient 3	3□ DOA Oth	or	Home 5 Resi		her (Spec	ify)
funeral Mon:		27. Manner of Death 1 Natural 5 Pending Investigation		njury 28b. Tim Day Year) Inju	iry	28c. Injun World	yat k? Yes 2 □ No	28d. Describe	how injury occu	rred	
Districtions of the control of the c		Accident Investigation Suicide Could not be determined	28e. Piaca of	Injury - At home, farm, etc. (Spacify)					Straet and Num wn, Stata)	ber or Rui	ral Routa Number,
				st of my knowledge, de	laath ac	ourrad at the 41-	on data and plan			******	etoted
Present Presen			miner: On the besis	of exeminetion end/o	r investi	igation, in my o	pinion, death occi	urred at the time,	dete end plece,	end due	lo the ceuse(s)
To the comple		29b. Signature and title of cartifler	la un	D		29c. Licens	e number	,	29d. Date signi	ed (Month	, Day, Yaar)
axi	:	30. Neme and address of person who	completed cause of	of death (Item 23e) (Ty	pe. Prin	D,	1850 +		tab 2	41	197+
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State Registrar		31. Date filed (Month, Day, Year)	32. Regi	strer's Signature Davidson-Rand	400.	(
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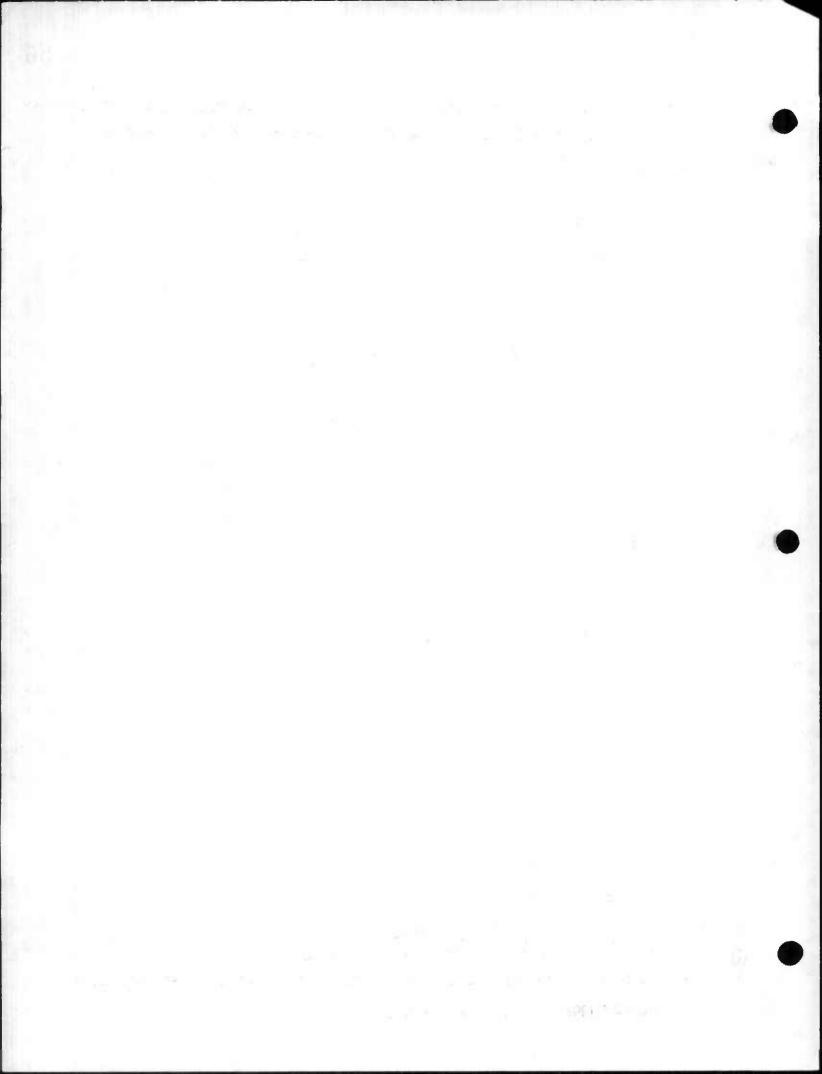
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

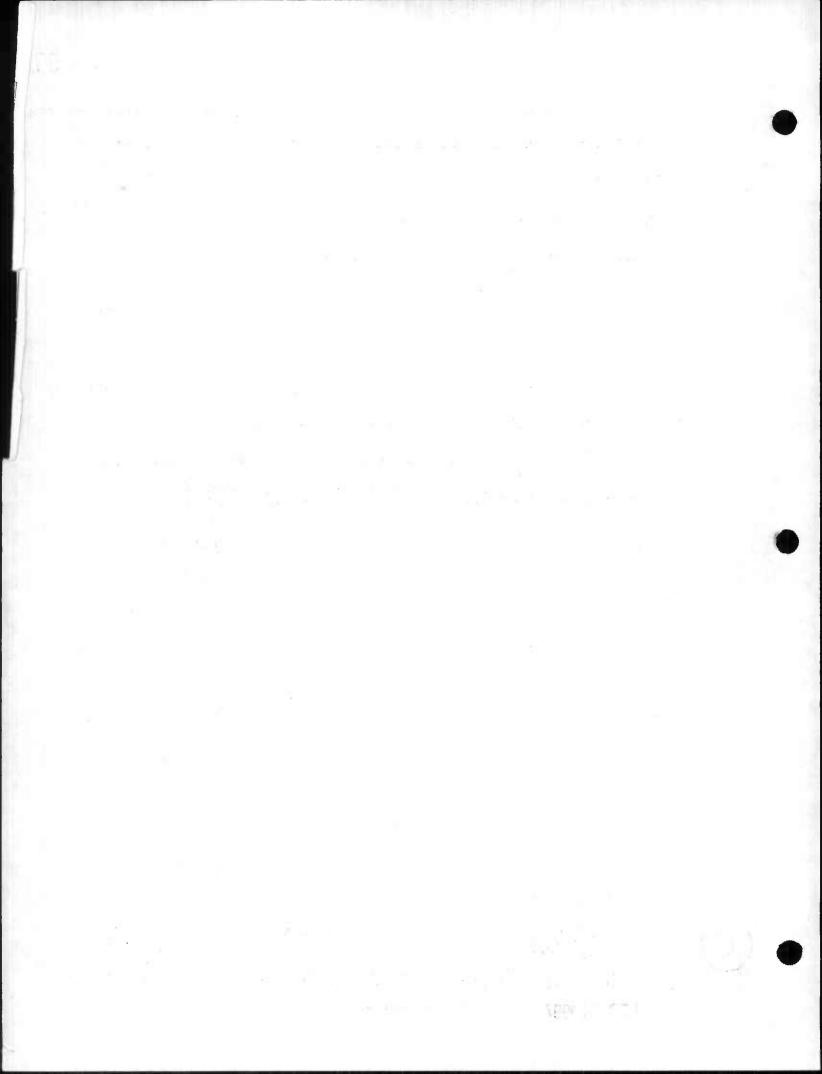
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Physician	-	1. Decedent's Name (First, Mid					uncate	OI I	Dealli		2. Dete of De Month	Day	Year	3. Tima of Deeth
/Medical Examiner		4a. Facility Name (If not instituti	ion, give		er)					vn, or L	FEBRUA ocation of Deet	4c. Count	y of Death LTIMO	
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al or		5. Social Security Number 217–26–3732 Usuei Residence of Decedent	6. Se	X QM 2□F	Age (In yrs. Ia 72	Yrs.	If Under 1 Y Months D	ays	If Under 2 Hours	Min.	8. Date of Bir (Month, Da Oct. 2,	1924	Cour	place (State or Foreign http:) yland
	- 1-	10a. State 10b. Coun	ty		10c. City,	Town or Lo	ation					1	0d. Inside City Limits	
ctor		Maryland Baltimore Towson											1 ☐ Yes 2 No	
Directo		10e. Street end Number 10f. Zip Code									10g. Citizen of	Whet Cour	ntry?	
ie ie		612 E. Semina	-						286				S.A.	
by Funeral		11. Maritel Stetus 1 □ Never Married 2 N Ma 3 □ Widowed 4 □ Divorce	ırrled	12. Wes Deceder Armed Force 1 XYes 2 [If Yes, Give Year or Date:	s?		Yes, specify		Specify:	Puerto	ecify Yes or No Rican, etc.)	Special	ca - Americack, White, fy: Whi	etc.
Completed		15. Decede (Specify only high	ent's Edu	cation e completed)	T	16a. Deced	ent's Usual O kind of work d	ccup	ation	of work	ring	16b. Kind of E		
mpi	-	Elementary/Secondary (0-12)		, College (1-4c	or 5+)	life. L	OO NOT use n	etired	1)		ang.	rn1 -	1	D1 and an
ပိ	-	17. Father's Name (First, Middle	a. Last)	4 years	1		Owner/	PI	-	-	e (First, Middle,			Florist
To Be		Claymore	,,	Sieck					Mar		Thorn			
-	-	19a. informent's Name/Relation	nship (Ty			19b. Mailin	g Address (St	reet		-	al Route Number		, State, Zip	Code)
		Barbara Sieck	(w	ife)		612 I	E. Semi	na	ry Av	e. :	Towson,	Maryla	nd 2	1286
	1	20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation	3 □ □	lemovei from Stat	000	ca of Dispon metery, crem	sition (Name of natory or other	of plac	e)		Dete	20c. Location	- City or To	own, Stete
		4 Donation 5 □Other (ioniova nom ota		id Ric	lge Cem	net	ery	12	2-24-97	Pikesv	ille,	Maryland
and a		21. Signature of Funeral Service	e Licenso	96		22 M:	Name and A	ddres	ss of Facility	e1d	Home			
	-	Lecrese	1-	enas		65	500 Yor	k	Road	Bal	ltimore	, Maryl	and 2	
		23a. Pert1. Enter the disease, c shock, or heart failure. Lis	of compil st <i>on</i> ly or	cations that caus ne cause on each	ed the death. line.	Do not ente	er the mode of	dyin	g, such as c	ardiac	or respiretory e	rrest,		Approximete interval Between Onset and Death
	1	immediate Cause (Finai												1 HOUR
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ne.				ACUTI		CARDI	AL IN	FA	RCTI	ON				
Examiner	Sequentially list conditions, If any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or es a consequence of):													
n/Medical														
Physician/	-	Part II. Other significant condit	lons con	tributing to death	but not result	ing in the un	derlylng caus	e giv	en in Part I.		23b. Dld 1	lobacco usa co	ontribute to	the cause of death?
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ete	-										perfo	an autopsy rmed?	CO	ere autopsy findings allable prior to mpletion of cause
Completed											10	res 20 No		death?
Be Co		25. Was case referred to medic	a.l						26 Place	of Deet	h (Check only o		1	Yes 2XNo
To B		examiner? 1 ☐ Yes 2 ☐ X No	-	lospital:	tlent 2X El	R/Outpatient	3□ DOA	Othe	ar.		me 5 Resid		her (Specifi	y)
		E LI Accident	tigation	28a. Date of in (Month, D	lury 2	8b. Time of injury	28c.				28d. Describe t			
Certification:		3 Suicide 4 Homlolde 6 Could not be determined 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Ru City or Town, State)									ber or Rure	l Route Number,		
edical (29a. Certifier Certifyl (Check only one) 2 Medica	ng Phys i Examin	icien: To the bes er: On the basis and menner:	of examinatio	edge, death n end/or inv	occurred at the	e tim	e, date and pinlon, death	placa,	and due to the red at the time,	cause(s) and m date end piece,	anner as st and due to	tated. the ceuse(s)
Me		29b. Signature and title of certific	er	1		m	29c. Lic	ense	number			29d. Date signe	ed (Month, i	Day, Year)
		Richard		MI.	tricu	ıu	C West	D 2	1026			2-2	3-9	17
		O. Name and address of person					Print)		1826 OAD,	TO				
State	_	11. Date filed (Month, Day, Year FEB 2 4 199			trer's Signatu		-0141		,					
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month Year BETTYEBELL/Medical SMITH 19,1997 FEBRUARY 8:45PM 4e. Fecility Neme (if not institution, give street end number) 4b. City, Town, or Location of Deeth Examiner 4c. County of Deeth GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE It Under 1 Year | If Under 24 Hrs. 5. Social Security Number Birthplece (Stete or Foreign Country) 8. Date of Birth (Month, Dey, Year) **Funeral** 6. Sex 7. Age (in yrs. lest birthday) 1 M 2 KF Months Deys Hours Min. Yrs. Director 220-24-1902 72 Nov. 15, 1924 Va. Usuel Residence of Decedent deeth with the Marylend 10a Stete 10b. County Show 10c. City, Town or Location 10d. Inside City Limits the Medical Examiner must be notified at Director 1 ☐ Yes 2 No 28a-f Md. Baltimore Ruxton 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? "natural", or items 23a or 308 South Wind Rd. 21204 USA Funeral 11. Maritel Stetus 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Raca - American indien, Bleck, White, etc. Peges 1 and 2 should be filed within 72 hours after onent of Health end Mental Hygiene.
Int: If Item 27 Is marked other than "natural", or ite 1 ☐ Never Merried 2 ☑ Marrled Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: by 3 Widowed 4 Divorced Specify: White Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) House Wife Own Home 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Surneme) Be traumatic Frank Bel1 Thelma Pillsbury 19e. intorment's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Peges 1 end 2 s Department of Health en Important: if Item 27 Is any injury or other trau 308 South Wind Rd. Ruxton, Md. 21204 Mr. J. Chandler Smith/husband 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 □ Burlel 2 ☑ Cremetion 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Hilltop Service Corp. 2/21/97 Towson, Md. 22. Name end Address of Fecility Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 23e. Pert1. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heart feilure. List only one ceuse on eech line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Finel diseese or condition resulting in deeth) Examiner larluce Examiner or Attending Physician: The law requires that the death certificete be executed the burief-trans Sequentielly list conditions, if eny, leeding to Immediete cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in deeth) Lest P.O. Box 68760. Physician/Medicai Due to (or es e consequenca of): 98 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? ed by 1 Yes 2 No 3 Probably 4 Unknown Records, signe 1 be d by 24b. Were eutopsy findings evellable prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? page 2 certificate 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No Division of Vital funerel director, Be 25. Wes case reterred to medical exeminer? 28. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time ot Injury 28d. Describe how injury occurred 28c. Injury et Work? After 5 Pending investigation 1 Neturel 2 Accident 1 Yes 2 No efter death the 3 Sulcide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca ot Injury - At home, term, street, tactory, offica building, etc. (Specify) in by 4 Homicide Hospital 24 hours edical 1 🗹 Certifying Physician: To the best ot my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted. 29a. Certifier (Check only one) 2 Medical Exeminer: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. \$ 29d. Date signed (Month, Dev. Year) ause of deeth (Item 23e) (Type, Print) Dev. Yea 3 2 4 State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 05358 Certificate of Death 1. Dacadant's Nema (First, Middle, Last) 2. Data of Death **Physician** February 1997 7:12 pm Paulyne /Medical 4a. Fecility Nama (If not institution, giva street and numbar) 4b. City, Town, or Location of Death **Examiner** Baltimore Good Samaritan Hospital 8. Deta of Birth (Month, Day, Year) April 13, 1917 5. Sociei Sacurity Number If Under 24 Hrs. If Undar 1 Yaar 7. Age (In yrs. last birthday) Birthplace (Stata or Foreign Country) **Funeral** Months Deys Hours 1 ☐ M 2 🗙 F 219-32-5539 79 Yrs Director Massachusetts Usuei Rasidanca of Dacedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits "natural", or items 23a or 28a-f show N/A Baltimore 1 ☑ Yas 2 ☐ No Directo Maryland 10e. Street and Number 10f. Zip Coda 10g. Cltizan of What Country? 21234 United States 2722 Kildaire Drive deeth Funeral 12. Was Dacadent Evar In U.S. Armed Forcas? Was Decedant of Hispenic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian. Pages 1 and 2 should be filed within 72 hours after of health and Mental Hygiene.
ant: If item 27 is marked other than "natural", or iten ury or other thaumalte event, the Mental Entertainty or other thaumalte event, the Mental Entertainty. Biack, Whita, atc. 1 Navar Married 2 Married 1 ☐ Yas 2 💢 No If Yas, Giva Yaer or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Spacity: by Specify: 3 X Widowad 4 ☐ Divorced White Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Eiamantary/Secondary (0-12) Collaga (1-4or 5+) Dance Instructor Dancing 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Albert Hubbard Bertha G. Coleman W. 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, State, Zip Coda) 19a. Informent's Name/Raietionship (Type, Print) Baltimore, Maryland 21234 Ms. Betty Jane Volmar/Daughter 2722 Kildaire Drive 20b. Place of Disposition (Nama of comatery, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Steta 1 X Buriai 2 ☐ Crametion 3 ☐ Ramoval from Stata permit. Page Department of Important: If any injury or once. 2/24/97 Baltimore, Maryland Parkwood 4 ☐ Donation 5 ☐ Other (Specify) Cemetery 21. Signatura of Funarel Sarvice Licensee Brian A. Willem 22. Nama and Addrass of Facility Leonard J. Ruck Funeral Home, Inc. Bucin 5305 Harford Road Baltimore, Maryland 21214 a. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximata Intarvai Batween Onset end Deeth **Physician** Immadieta Causa (Final disease or condition rasulting in daath) /Medical Examiner Physician/Medical Examiner Physician: The lew requires that the death certificate be executed for use as the burief-tren Sequentially list conditions, if any, laading to immadiata causa. Entar Underlying Ceusa (Disaasa or Injury thet Initiated events resulting in death) Last Box 68760. ettending physician Dua to (or as a consequenca of) signed by the e Part II. Other eignificant conditions contributing to death but not rasulting in the underlying cause given in Part I. of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 ☐ Probably 4 ☐ Unknown þ 24e. Was an autopsy performed? Completed 24b. Were autopsy findings peen evailable prior to completion of cause of death? page 2 has this certificate 1 Yas 2 No 1 Tyas 2 No director, 25. Wes casa rafarred to medical examinar? Be 26. Placa of Daeth (Chack only one) Hospital: Certification: To 1□ Yas 2□No Othar: 4 ☐ Nursing Homa 5 ☐ Residanca 6 ☐ Other (Specify) 1 ☐ Inpatient 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be detarmined 3 Suicide 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Spacify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 ☐ Homicide 24 hours 1 Certifying Physician: To the best of my knowledga, death occurred at the time, dete and placa, and due to the causa(s) and manner as stated.
2 Madical Examiner: On the best of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated. Medical 29e. Cartifier To the Hosp within 24 hos To the Fun-(Check only one) 29b. Signature ago 29c. Licansa number 29d. Deta signed (Month, Day, Year)

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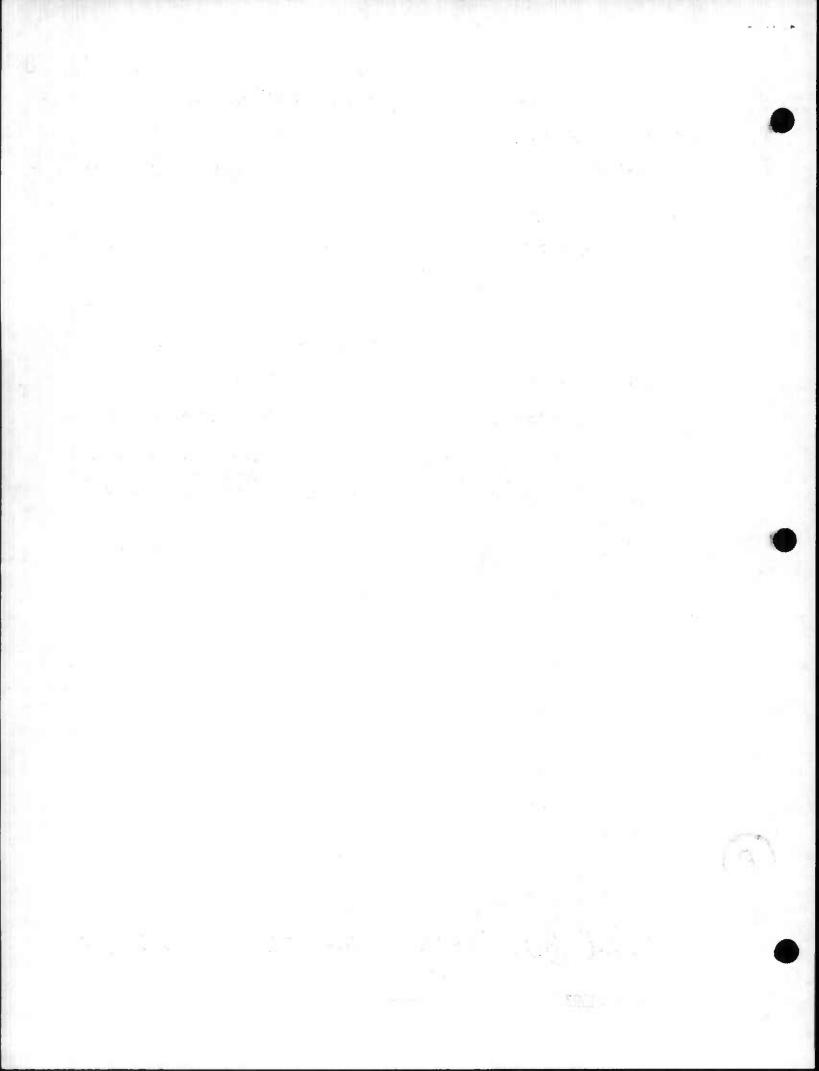
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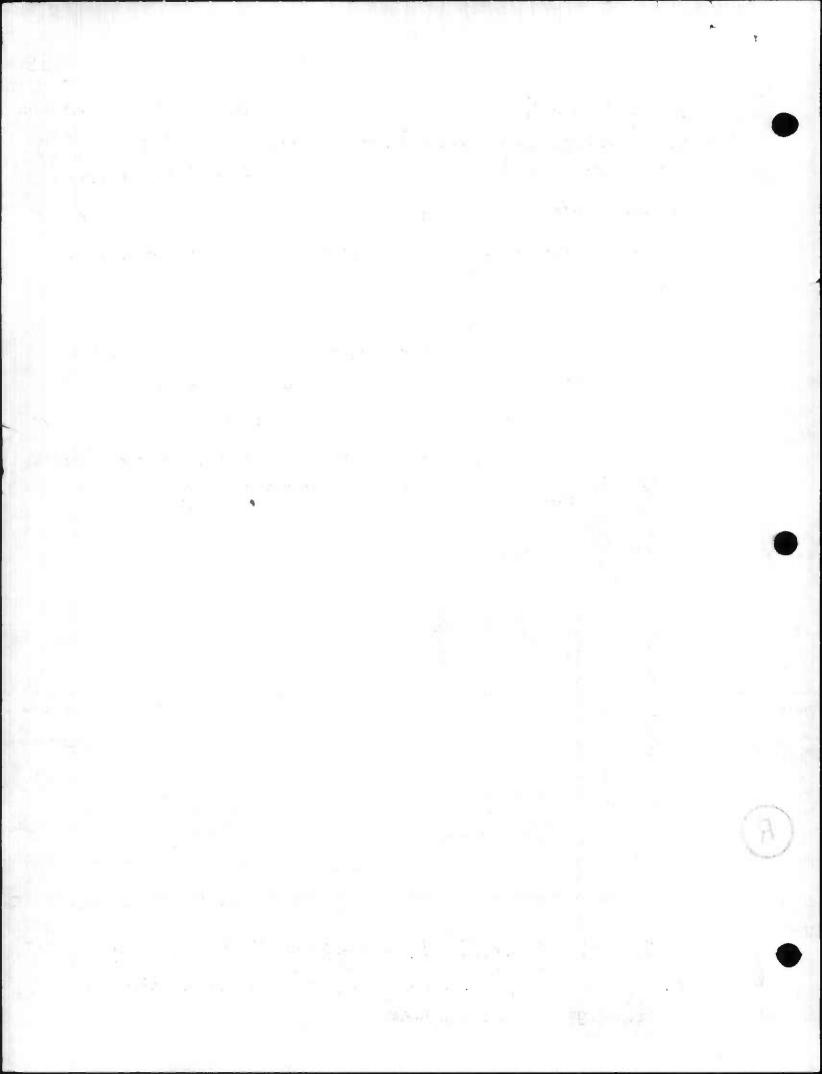
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State Registrar NEI



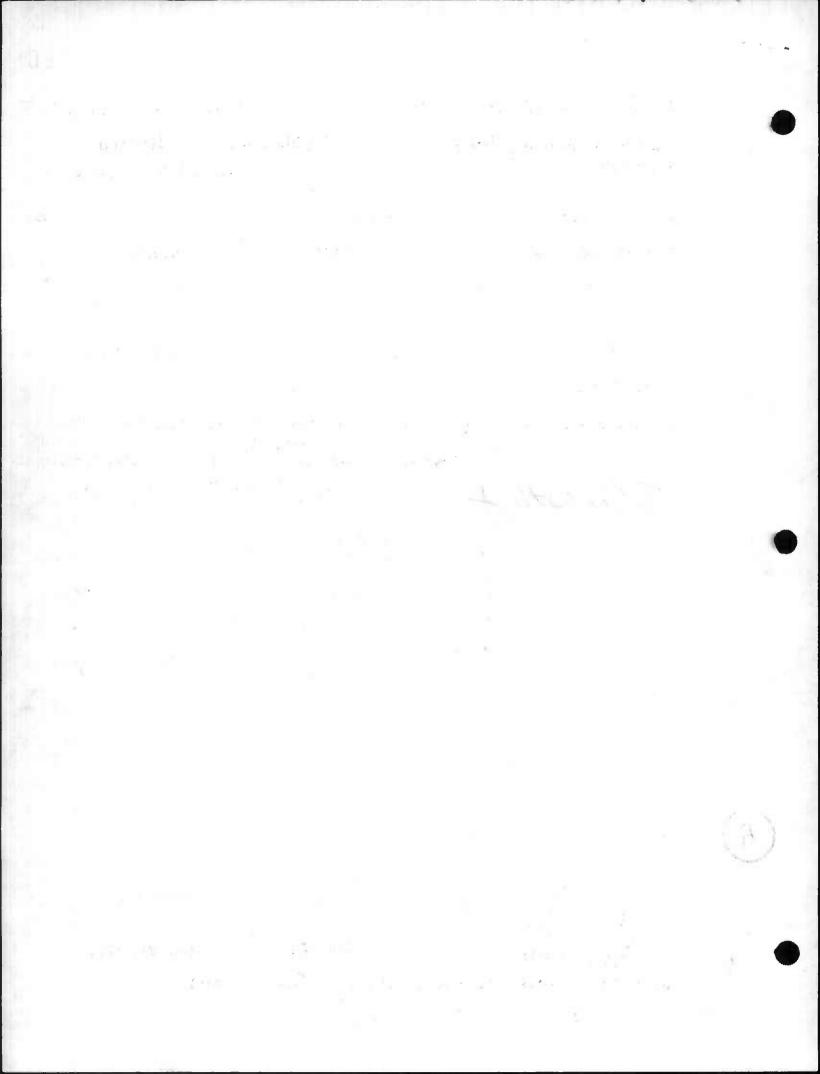
State of Maryland / Department of Health and Mental Hygiene

05359 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Veril 3:40 A.M. Darine H. February 20, 1997 /Medical 40. Fecility Neme (Irror Maryland
University of Maryland
6. Sek 4e. Fecility Neme (If not institution, give street and number, 4b. City. Town, or Location of Deeth Baltimore Day
If Under 24 Hrs. 8. Dete of Birth
Min. Tan. 15,1951 4c. County of Death Medica enter TIMORE If Under 1 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 212-60-3548 1 M 2 K Deys 46 Director Maryland Usuel Residence of Decedent the Maryland 10b. County N/A 10e. Stete 10c. City, Town or Location 28a-f show 10d. inside City Limits the Medical Examiner must be notified at Maryland Baltimore Director No Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citlzen of Whet Country? ò 610 South Smallwood Street 21223 United States Herns 23a Funerai 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 2 No tf Yes, Give Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Rece - American Indien, Bleck, White, etc. filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 natural, or 1□ Yes 2☐ No ò 3 ☐ Widowed 4 ☐ Divorced Specify. White Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) bookkeeper department store 17. Fether's Neme (First, Middle, Last) permit. Pages 1 and 2 should be file.
Department of Health and Manial Hy
Important: If Ilam 27 is marked oth
any Injury or other traumetic event 18. Mother's Name (First, Middle, Meiden Sumeme) Be Ira H. Verill Rose A. Markell 19e. Informent's Neme/Relationship (Type, Pnint) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Robert Verill, brother 614 Washington Avenue Baltimore, MD 21227 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Burial 2 Cremetion 3 Removel from State Loudon Park Cemetery 2/22 Donetion 5 ☐ Other (Specify) Maltimore, Maryland 22. Name end Address of Fecility
Ambrose Funeral Home, 21. Signatur Arbutus 21227 Inc. 1328 Sulphur Spring Road Tagan 23a. Pert1. Enter the disease, or complibetions that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical immediete Ceuse (Final disesse or condition resulting in deeth) **Examiner** Due to (or es e consequence of): orolem holest The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last bunal-tran Due to (or es e consequence of) P.O. Box 68760, P Physician/Medical the Due to (or es e consequence of) 88 signed by the at I be detached for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 No 3 ☐ Probably 4 ☐ Unknown Records, Completed by 24b. Were eutopsy findings evailable prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? page 2 2 No 1 Yes 1 ☐ Yes 2 ☐ No Ita Be 25. Wes cese referred to medical exeminer? 26. Plece of Deeth (Check only one) exeminer 7 1 ☐ Yes 2 No Certification: To 1 Inpatient Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending Investigetion 1 Neturel 2 ☐ Accident 1 Yes 2 No 3 Sulcide 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Plece of injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 24 hours e Funeral 1 Certifying Physicisn: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner as steted.
2 Medical Examtner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner steted. Medical 29e. Certifier (Check only one) Vilhin 2 To the 29b. Signeture end title of certifie 29c. License number 29d. Date signed (Month, Dey, Year) 30. Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Print) 22 South Greene, Baltimore, MD 31. Date filed (Month, Dey, Year) 32. Registrer's Signeture State ula Davidsor FEB 24 1997 Registrar



State of Maryland / Department of Health and Mental Hygiene 05360 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Yeer URIE EBUARY 21, 1997 11:05 /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Nursing 7. Age (In yrs. lest birthdey) Howard orien olumb,a if Under 24 Hrs. 8. Dete of Birth
Hours Min. (Manth, Day, Year)
April 5, 1918 If Under 1 Year 5. Sociei Security Number 6. Sex Birthpiece (State or Foreign Country) **Funeral** 159-16-5521 1 ☐ M 2 🗓 F Months Deys 78 Director Pennsylvania Usuei Residence of Decedent 10e Stete 10b. County al', or items 23a or 28a-f show Examiner must be notified at 10c. City. Town or Location 10d. Inside City Limits Howard Columbia Director 1 Yes 2 TrNo Marvland 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 6500 Freetown Road U.S.A. 21044 death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give 14. Rece - American Indien, Bieck, White, etc. 11 Marital Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) filed within 72 hours after 1 Never Married 2 Married natural, or Saltimore, Maryland 21215-0020 1 Yes 2 No Specify: by Specify: 3 Widowed 4 Divorcad Yeer or Detes: White Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry il Hygiene. Eiementary/Secondary (0-12) Coilege (1-4or 5+) 12 Secretary Justice of Peace 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be permit. Peges 1 end 2 should be to Department of Health and Mental Important: If item 27 is marked or any injury or other traumatic eve 2 Andrew Dorsch Jean Hall 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Marnie Isabella (Daughter) 4517 Kingscup Court Ellicott City, Maryland 21042 20e. Method of Disposition
1 → Suriei 2 □ Cremetion 3 □ Removel from State 20b. Piece of Disposition (Name of 20c. Location - City or Town, Stete cemetery, cremetory or other place) Feb. 24. 1997 4 ☐ Donetion 5 ☐ Other (Specify) Castleview Mausoleum New Castle, Pennsylvania 22. Name end Address of Fecility
Witzke Funeral Home of Catonsville, Inc.
1630 Edmondson Avenue Catonsville, Maryland 21228 21. Signeture of Fungral Service Licenses 23a. Pen'1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on the hine. Approximete Intervel Between Onset end Deeth Physician Immediete Ceuse (Finei diseese or condition resulting in death) /Medical immediate Examiner Due to (or es e consequence of): Examiner Cardiomyopath Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest the burial-tran Due to (or es e consequence of): The law requires that the death certificate be exec Records, P.O. Box 68760. tibrillation Physician/Medical Due to (or es e consequence of): use as t COPI years for Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. deteched 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown signed t þ 24b. Were autopsy findings aveileble prior to completion of cause of death? Completed 24e. Wes en eutopsy performed' page 2 1 Yes 2 No 1 TYes 2 No Vital cian: Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Yes 2 ☑ No 2 ER/Outpetient 3 DOA 27. Menner of Deeth Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred 1 Neturel 5 Pending investigation 1 Yes 2 Accident 6 ☐ Could not be 3 Sulcide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) determined 4 Homicide offe Dire To the Hospital of within 24 hours e To the Funeral D 29a. Certifier (Check only only) 1 Certifying Rhysician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of exeminetion end/or Investigetion, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner steted. Medical 29b. Signature er title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) teb 21, 1997 1)4218 MD 30. Name end eddress of person who completed cause of deeth (item 23e) (Type, Print) 11055 Little Columbia MI JAMES DAY Patrope 32. Registrer's Signature 31. Dete filed (Month, Day, Year) State FEB 2 4 1997

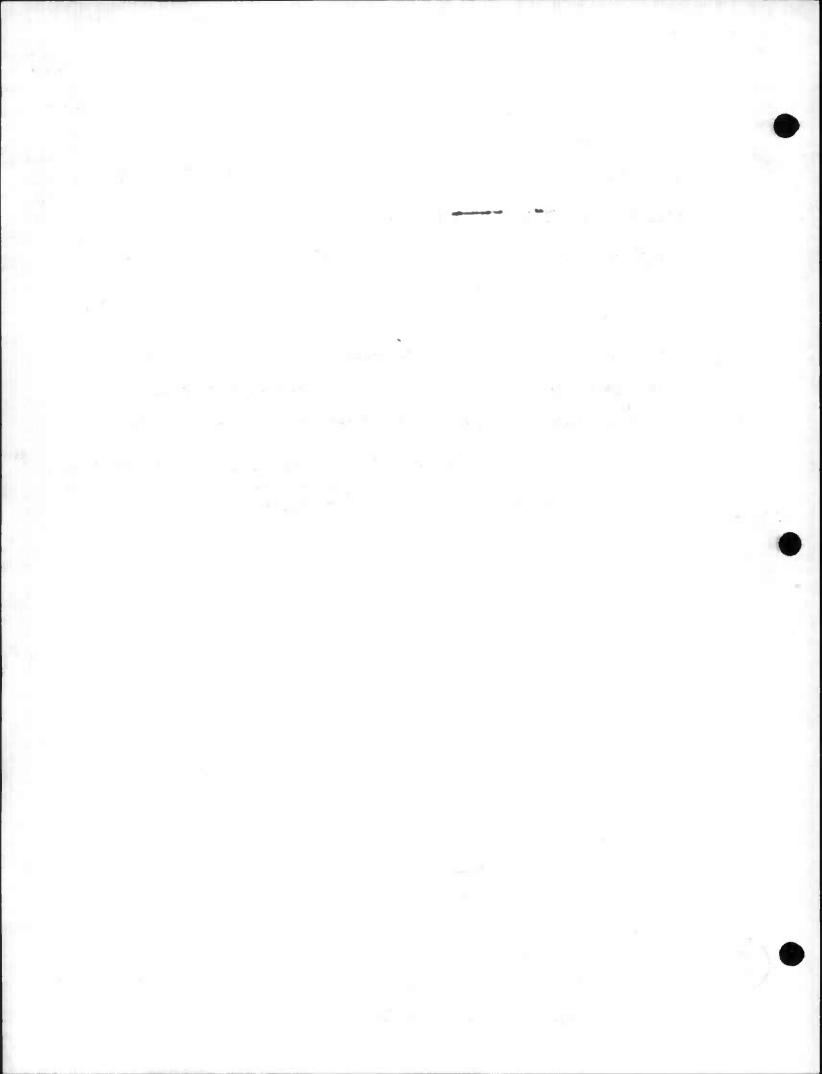
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

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			1. Decedent's Name (First, Middle, La						2. Date of D			3. Time of Death
	hysici /**		CHRISTOPHER	FRANCIS	WARD				Month	Day	Year	5:02p
	/Medic xamir		4a. Facility Name (If not institution, giv		WAND			4b. City, Town, o	or Location of Dea	-	y of Death	J:02p
	Auttiii	101	GOOD SAMARITAN					ALTIMO			/A	
Fu	neral		5. Sociel Security Number 6. S		(In yrs. lest birt		r 1 Year	if Under 24 H				niace (State or Foreign
	ector		214-78-8943 Usual Residence of Decedent	∑ M 2□ F		rs. Months	Deys	Hours M	rs. 8. Date of Bi (Month, D 9/18/	60 (40)		piace (State or Foreign htry) YLAND
fend	Š 11		10a. State 10b. County		10c. City, Towr	or Location						10d. Inside City Limits
d 21215-0020 filed within 72 hours efter deeth with the Merylend Hygiene.	other trainmetic event, the Medical Exercises rate to notified at	Director	MARYLAND BALTIN	10RE	PARKV							1 ☐ Yes 2 💆 No
₩ 3	2		10e. Street and Number	_		10f. Zig				10g. Citizen of	What Cour	ntry?
the ch	薯	Funeral	1533 ORLANDO ROAI				212	234		1	USA	
er de	No.	nn n	11. Marital Status	12. Wes Decedent Ev Armed Forces?		13. Was Deca If Yes, spe	dent of H cify Cuba	lispanic Origin? an, Mexican, Pu	(Specify Yes or Nerto Rican, etc.)		ce - Amaricack, White,	
Maryland 21215-0020 td 2 should be filed within 72 hours eft tht and Mental Hygiene.	Eres	by	Morried 2 Merried 2 Merried 3 Widowed 4 Divorced	1 ☐ Yes 2 █ No If Yes, Give Year or Dates:	,	1□ Yes	21 X No	Specify:		Speci	fv:	ITE
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arylan should be and Mental	tic	2	JOHN ROBERT WARL)				THERE	SA JOAN	TAYMAN		
Aar 2 sh and	En e		19a. Informant's Name/Relationship (Type, Print)	19b.	Mailing Address	(Straat	and Number or	Rural Route Numb	er, City or Town	, Stata, Zip	Coda)
or Leelth of Heelth tem 27	10		JOHN ROBERT WARD	FATH	ER 1	.533 ORL	ANDO	ROAD	BALTIMOR	E, MD	21234	
O L Sel	to A		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐	Romoval from State	20b. Placa of cemeter	Disposition (Ner , cremetory or o	na of other plea	ce)	Date	20c. Location	- City or To	own, Stata
Baltimore, Semit. Peges 1 au Department of Hee	any Injury or o		4 □ Donation 5 □ Other (Specify		DULAND	Y VALLE	Y ME	M. GAR.	2/22/97	COCKE	VSVTI.	LE, MD
Baltii pemit. F Departme	any Inj		21. Signature of Funeral Service Licen	see /		22. Name er	d Addres	ss of Fecility				
n 88 <u>e</u>	6 0		Christin o	& Kronne	N			NERAL H		l LOCH I	RAVEN	BLVD.
			23a. Part1. Enter the disease, or companies shock, or heert failure. List only	olications that caused it	ne death. Do n	TOWSON of enter the mod	le of dyin	21286 g, such as cardi	ec or respiratory a	rrest,		Approximete
Physi	cian		Shock, or heert failure. List only	one causa on each line.	1						i	Intarvel Between Onset and Death
/Med	dicai		Immediata Causa (Final disease or condition	ATHEROSCLE	ROTIC CA	RDIOVASCU	I AR N	ISFASE			į	
Exam	iner		rasulting in death)	a		onsaquance of):	CAIL D	IJENJE				
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O, ene	nial-t		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying									
68760, fileete be eu physician	he br	edicai	Cause (Diseasa or injury that initiated evants resulting in death) Lest	C	ue to (or as e co	onsequence of):						
diffice name	98	Med	leaditing in death) Lest			,					i	
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ords, P.O. Bo requires that the death or seen signed by the ettent	deteched for t	Physician	Part II. Other algnificant conditions co	ontributing to death but	not resulting in	the undartying c	ause give	an In Part I.	23b. Did	tobacco use co	ontributa to	the cause of death?
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ord quire en si	0								24a. Was	an autopsy	24b. Wa	ara autopsy findings alleble prior to
law requast been	N I	pie							реп	ormed?	COI	mplation of cause death?
The is	90	Completed							1	r Yes 2□No	57	Syes 2□ No
Vital Indicate	tor, p	Be C	25. Was case referred to medical					26. Place of D	eath (Chack only	•	0	200 2010
DIVISION OF VITAL RECORDS, I or Attending Physician: The law requires thefter death. Director: After this certificate has been signed.	direc	0	examiner? 1 💢 Xes 2 □ No	Hospital:	XXER/Out	patient 3 DC	Othe	ar:	Homa 5 ☐ Resi		ner /Snecifi	v)
O 4 to	eral	ı.	27. Manner of Death	28a. Date of Injury	28b. Ti		8c. Injury Work		1	how injury occur		"
or alth.	e fun	to	1 ☑Natural 5 ☐ Rending 2 ☐ Accident investigation	(Month, Dey Y	<i>ear)</i> In	lury M		Yes 2 □ No				
or Attending effer death.	by the	Hick	3 ☐ Suicide 6 ☐ Could not be	286. Placa of Injury	- At home, far	m, street, factory	, offica				ber or Rura	I Route Number,
S effer	<u>.c</u>	Certification:	4 Homicide	building, etc. ((Specify)				City or To	wn, Stete)		
Hospital 24 hours	stefy fills	edicai 0	29a. Certifiar (Check only one) 1 Certifying Phy 2 Medical Exam	velcian: To the best of n	raminetion and	death occurred for Investigation,	at the tim	a, data and place	ca, and due to tha	cause(s) and made and place,	anner as st	ated.
To the I	completely	Me	29b. Signature and title of cartifier	and manner state	u.		. License					
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11	1		30. Name and address of person who o	ompleted causa of deal	th (Item 23a) (1	ype, Print)	+	at De	ltimore	Marr	hast	21201
1.3.	n ilustra		Jennis J. Ch	utemo		renn S	rree	EL, Bd.	гглиоте	, mary	Tand	21201
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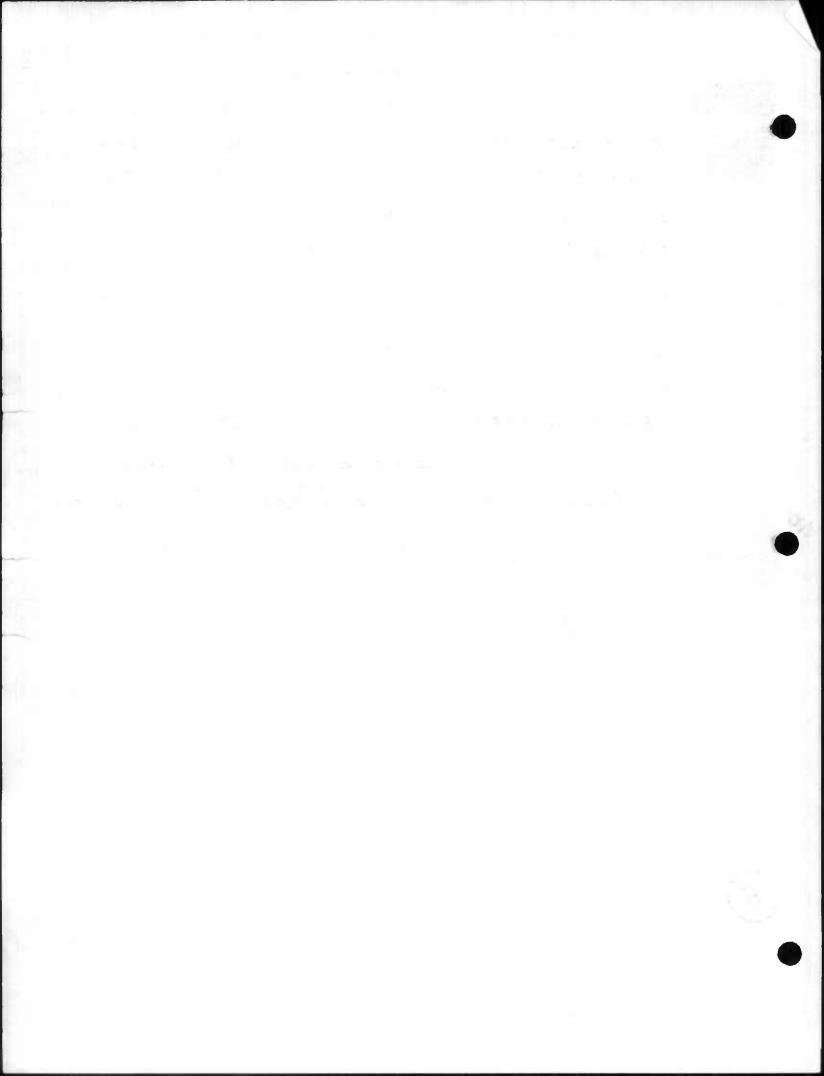


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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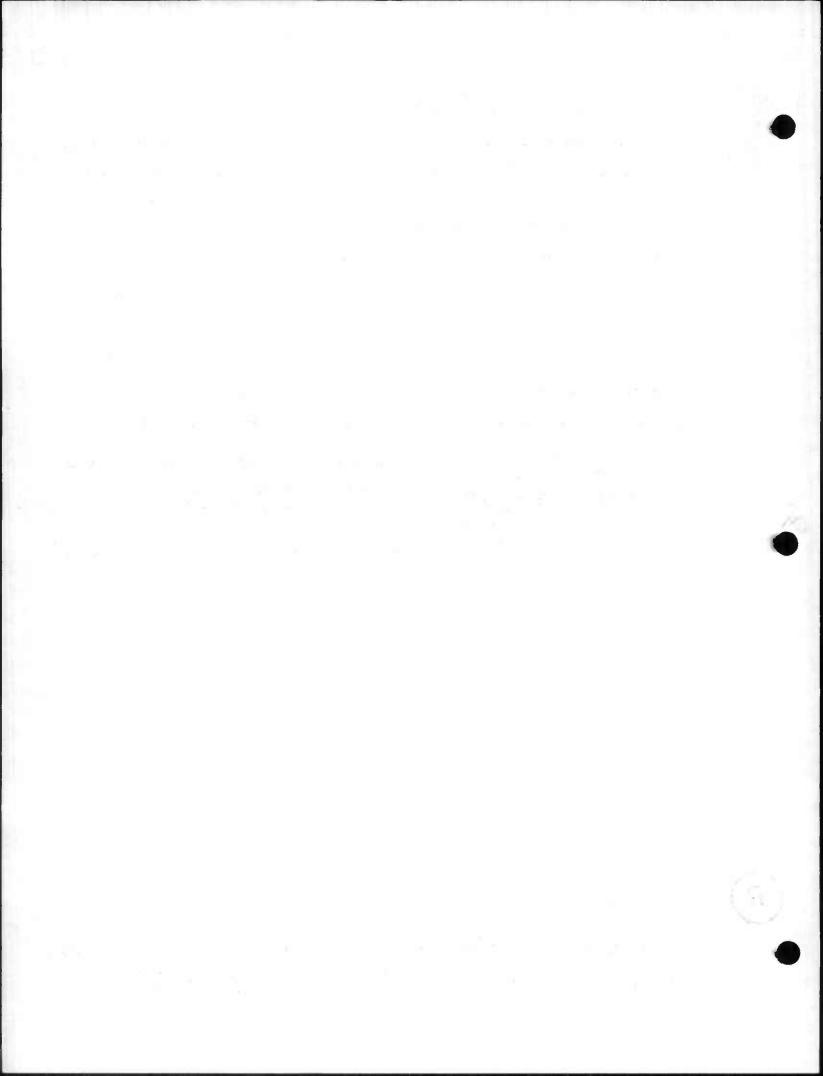
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uneral		5. Social Security		6. Sax		ga (In yrs. last 78	birthday) Yrs.	If Under 1 Ye Months Day		r 24 Hrs. Min.	8. Data of B	rth ay, Year)	9. Birthp	placa (State or Foraigntry)
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any injury once.		21. Signature of F	unarai Sarvica	Licansee	1)			Nama and Ad		lity				
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clan		SHOOK, OF HE	an fallura. List	only ona caus	a on alacm	errat.							1	Intarval Batween Onsat and Death
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Tor USe				d										
	Physicia	Part II. Other algn	ificant condition	ons contributing	to death t	out not rasulting	in tha un	darlying causa	givan in Part	l.	23b. Did	tobacco use co	ontribute to	the cause of death
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	by	Cijio	UNIC	1001	77	TI	10	1100						
should be datached	Pe										24a. Was	an autopsy ormed?		ara autopsy findings allabia prior to
t.	Completed								-				CO	mplation of causa daath?
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lector,	Be	25. Was casa rafa	rred to madica	I					26. Piac	a of Deat	h (Check only	one)		
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	ledicai	one)	Z medical	and	mannar st	atad.	arte/OF INV	aonyanon, in M	y opinion, da	atri OCCUM	oo at tria tima,	data and placa,	and dua (C	ura causa(s)
	Σ	29b. Signatura and	titla of certifia	1	0			29c. Lica	nsa number			29d. Data signe		
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		30. Nama and add	rass of person	who complated	causa of	daath (Itam 23a	a) (Type, F	Print)						
)		C .	MANI	MD		He	, 13.	ALTO	· Mo	7	1113	3		
Sta	te	31. Data filed (Mo				ar's Signature								***************************************
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						C	ertific	ate of	Death			Reg. No.		•		00
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п	Physic		Margaret Est	her Bai	nes						Februa	Day		Year QQ7	6.5	5 DM
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4	Exami	ner	Morningside Ho	25.00												
Н			5. Social Security Number	6. Sex		n last hisths	loud If I I	nder 1 Yea	Lau1		D Date of Di		Prin		eorge	
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	E P	吉	10e. Street and Number				101	. Zip Coda				10g. Citi	zen of V	What Coun	try?	
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	72 hours after death with the Maryland naturel; or items 23s or 28s-f show deal Examiner must be notified at	Funeral Director	11. Maritei Status	12. Was De Armed I	cedant Ever in Forcas?	U,S.	3. Was D	ecedant of specify Cul	Hispanic On ban, Mexical	igin? (Sp	ecify Yes or No Rican, atc.))-		e - Amaric k, Whita,		
0	or h	F	1 Never Married 2 Mar		aive XNo			s 2DXNo			, , , , , , , , , , , , , , , , , , , ,			. Whi		
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5-0	72 h natu	Completed	15. Deceder (Specify only higha	t's Education	1)	16a. De	cedant's I	Usual Occu	pation a during mos	t of work	laa	16b. KI	nd of Bu	usinass/inc	Justry	
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21	d wi	Ö	12	Ø		Ma	nage	r				Ret	ail	Sale	S	
b	e the file	Be	17. Fethar's Nema (First, Middle,	Last)					18. Moth	ar's Nem	e (First, Middla	Maiden	Sumam	a)		
a	lents Ked Ked	TOE	Fredrick H. Ha	nsen					Har	nah	Bowers					
ary	Should No Market	-	19a. Informant's Name/Relations	-		19b. M	eiling Add	rass (Stree			al Routa Numb	er. City o	r Town.	Stete, Zip	Coda)	
Ž	ith a		Elizabeth Cock	erham/Nie	Ce						uham, M					
Baltimore,	Hear		20a. Mathod of Disposition	,		Plece of Di cematary,				, Dog	Data Data			City or To		
0	nt of If it		1 ☑ Burial 2 ☐ Cremation		II State	_					19211					
븚	tant Juny		Donation 5 □Othar (S	6	G ₁	reenfi					3/4	Ham	stea	d, No	ew Yo	rk
3a	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylen Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturelt, or fisms 23a or 28a-f show any Injury or other traumatic event, the Medical Examiner must be notified at once.		2 Signature of Edheral Service	- 1	6/		F1	ook F	ass of Facili	Uor	ne, Inc					
	70 = 4 0		23a. Part1. Where the disease, or shock, or heart failure. List	esuoe	Was		76	01 52	ndv Cr	ring	Pond	· T o	m o 1	Man	.1 1	20707
			23a. Part1. Enter the disease, or	complications that	chased the des	Do not	entar tha	mode of dy	ing, such as	cardiec	or raspiratory a	rrast,	rer,	_Mar	Approxim	ete
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	nsit	Examiner		b				<u> </u>								
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Bo	requires that the death cer seen signed by the attendin hould be detached for use	Physician												<u> </u>		
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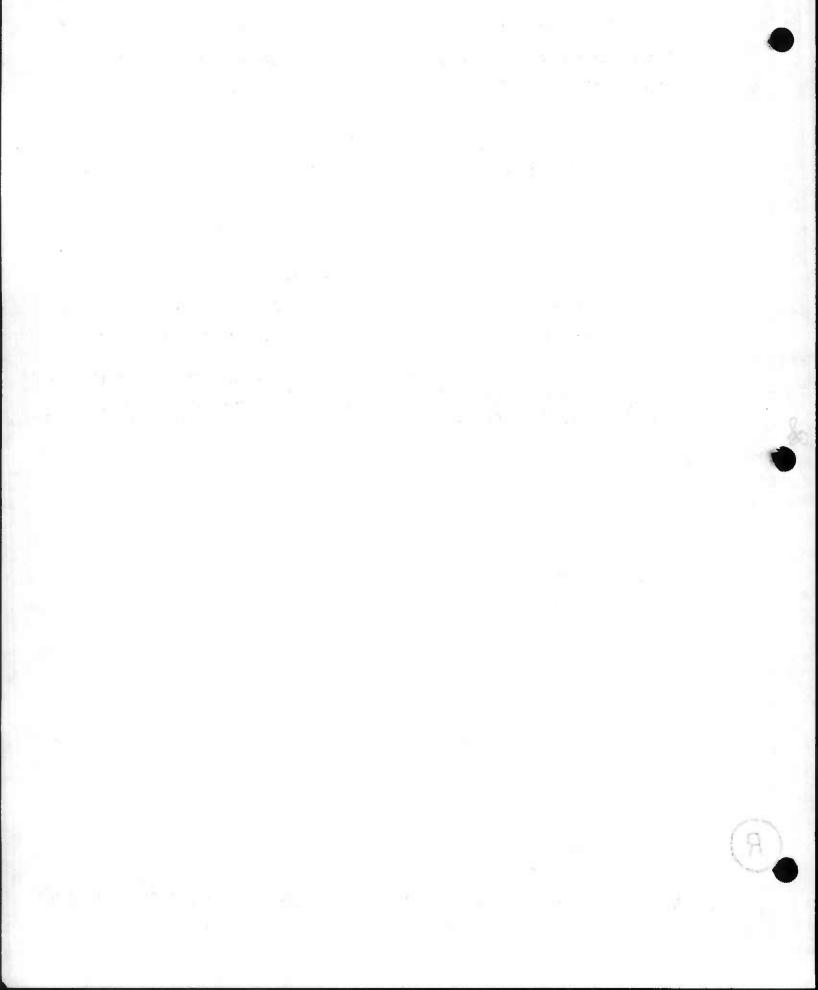


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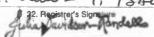
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/Medi		Sophia T. B	ilenki						February			3:10p
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ž		Usual Residence of Decedent 10a. State 10b. County		10c. City.	Town or Loc	eation						10d. Inside City Lin
of a pa	5		27/2	.co. oxy,								1√2 Yes 2□
88	Director	MD 10e. Street and Number	N/A		Bal	10f. Zip	ore C	ıty		10g. Citizen of	What Cou	
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= 0 5	Be (17. Father's Name (First, Middle, Las	st)					18. Mother's Na	ama (First, Middle,	Maiden Suma	me)	
	To	John Sepczyns	ski					Anto	nia (Ma:	iden Na	me Ur	nknown)
th end 7 is m fraum		19a. Informent's Name/Relationship Dolores Personet							Rural Route Number adena Mai		n, State, Zip 2112	
		20a. Method of Disposition			e of Disposi				Date	20c. Location		
ont of		12☐ Surial 2 ☐ Cremation 3		cem	netery, crema	atory or o	other place					
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Depertment of He important: If item any injury or oth once.		23a. Part1. Enter the disease, or co	mplications that causad	the death	15 not anter	O1 E	Fo	rt Aven	ue, Bald	timore	Maryl	Approximate
ysician		23a. Part1. Enter the disease, or conshock, or heart failure. List only			not anter	r the mod	Fo:	, such as cardle	ac or raspiratory ar	rast,		Approximate Interval Batween
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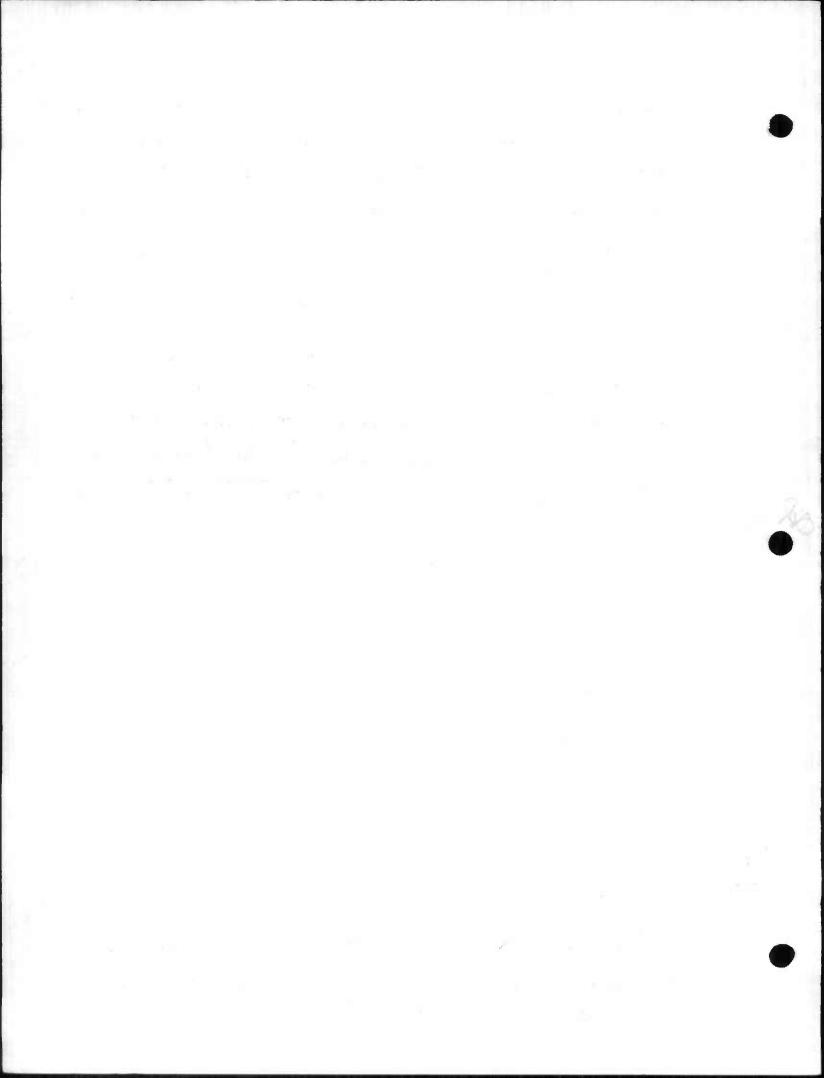
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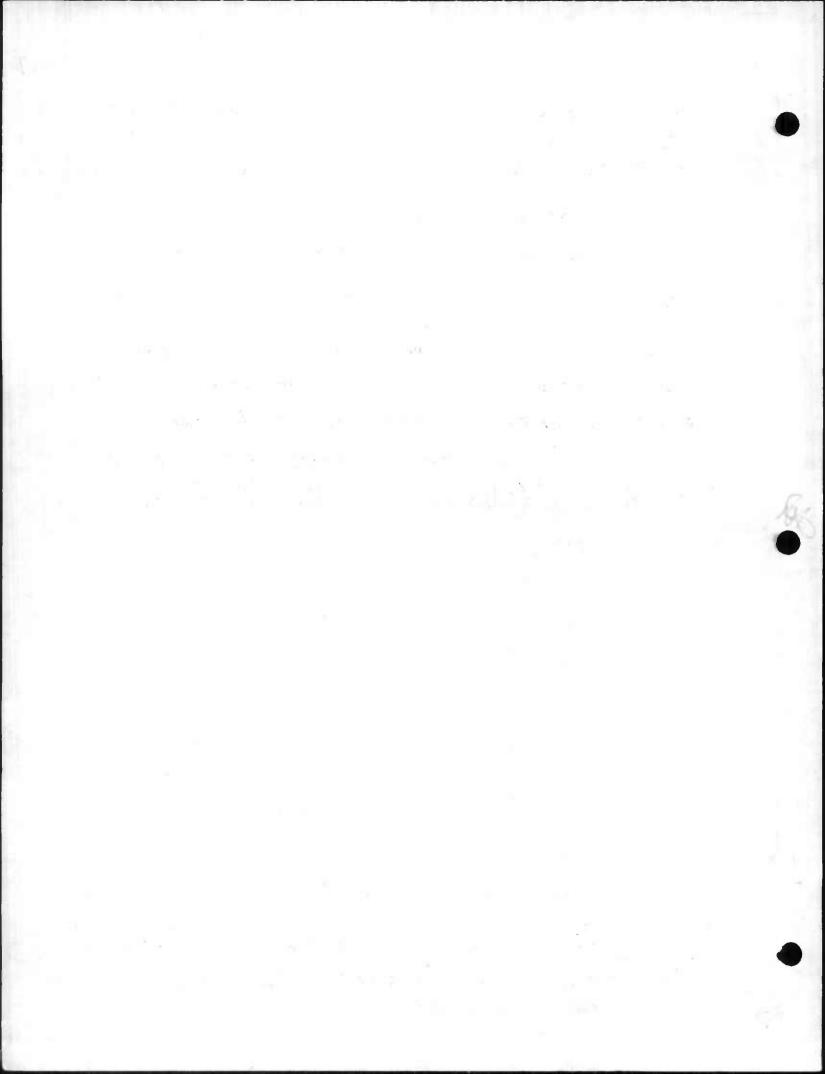
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and be notified at	to	MD N/A		E	BALTO				X	Yes 2 No
DOL	Director	10e. Street end Number		-	10f. Zip Code		T	10g. Citizen of	What Country?	
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-	Completed	15. Decedent's (Specify only highest g	Education rade completed)	16a. Decede	ent's Usuel Occ	upation e during most of wo	rkina	16b. Kind of B	usiness/Industry	
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traumatic	To	19e. Informent's Neme/Reletionship		19b. Meiling	Address (Stre	et end Number or Ri			State, Zip Code)
i		LAWRENCE BUYNU	M	4815	HERRI	NG RUN I	OR BALT	O, MD	21214	
8		20e. Method of Disposition 1 Durial 2 ☐ Cremetion 3	20b.	Plece of Disposi cametery, creme	ition (Neme of etory or other p	lece) CEM E	EB 27	20c. Location -	City or Town, S	tete
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any injury or		21. Signature of Puneral Service Lio	nsee 7			ress of Fecility		UNERAL		
= a		Patreis 15	45			CAROLIN			MD 212	13
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ian ical		Immediate Cause (Final		(7-1		٨		Orise	et and Deeth
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ector.	Be	25. Was case referred to medical examiner?	Hospitel:				eth (Check only o	ne)		
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	Certification:	1 Neturel 5 Pending 2 Accident investiget	28a. Dete of Injury (Month, Dey Year)	28b. Time of Injury		ury et ork? □ Yes 2 □ No	28d. Describe	low injury occur	red	
)	rtific	3 ☐ Suicide 6 ☐ Could not determine	28e. Plece of Injury - At I building, etc. (Spec	home, ferm, stree	et, fectory, office	9	28f. Location (S City or Tox	Street end Numb vn, State)	ber or Rural Rou	te Number,
stety filled	edical Ce	29a. Certifier Check only 2 Medical Exa	hysician: To the best of my kn minar: On the basis of examin	owledge, deeth o	occurred et the estigetion, in my	time, dete and plece ropinion, deeth occu	e, end due to the curred et the time,	cause(s) and mo	anner as stated. end due to the c	ause(s)
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7		30. Neme end eddress of pelago who	completed cause of death (life	am 23a) (Tuna D		1		2101	/ 7 /	
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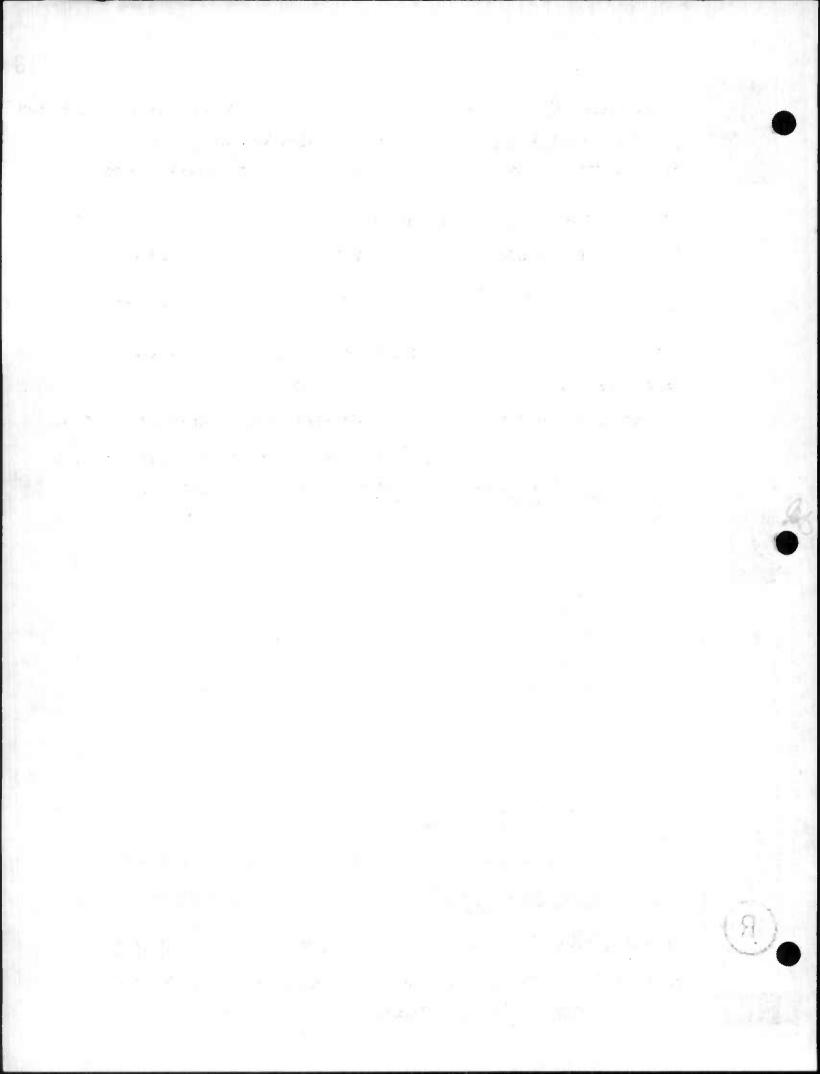
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				C	ertificate of	Death		Reg. No.	91	0536
A ZA	. 1	1. Decedent's Name (First, Middle, L	ast)		-		2. Dete of D	eath		3. Time of Death
Physic /Med		Lillian Ga	Baldw	10			Month	Day	Yeer 7	4.208
Exam		4a. Facility Name (If not institution, g				4b. City, Town, o	r Location of Dea	th 4c. Count	y of Death	
		Multi-Med	dical Co	nter		TOWS.	0.0	Ba	17	non
Funera				yrs. lest birthd	(ay) If Under 1 Year Months Days	If Under 24 Hr	S. 8. Date of B	irth ley, Yeer)	9. Birthp	lece (State or Foreign
Directo		002 01 1323	1□ M 21 F	82 Yrs	. Mollins Days	Hours Will		-1914	New	"Hampshir
D .		Usuel Residence of Decedent 10a, State 10b, County	10							
shor	-			c. City, Town or					11	Od. Inside City Limits
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72 hours after death with the Maryland 72 hours after death with the Maryland natural, or items 23a or 28a-f show acai Examiner must be notified at	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of	Whet Coun	try?
ath v	Funeral	302 E. Joppa			2120			USA		
er de Hem	une	11. Meritei Status	12. Was Decedent Ever Armed Forces?	In U,S. 1	Was Decedent of I If Yes, specify Cub	Hispanic Origin? (an, Mexican, Pue	Specify Yes or Norto Rican, etc.)	o- 14. Ra	ca - America ck, White, e	
Matry stand 21212-0020 d 2 should be filed within 72 hours aft lith and Mantal Hygiene if is marked other than "natural, or traumatic event, the Medical Experi	by F	1 Never Merried 2 Married 3 Widowed 4 Divorced	1 Yes 2 No If Yes, Give Year or Dates:		1 ☐ Yes 2 No	Specify:		Specia	y: Whi	te
72 hours aff	B		1	10- D-						
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be filed tal Hygi d other event, 1		17. Fether's Name (First, Middle, Las	t)		memanez	18. Mother's Na	ame (First, Middle	e, Maiden Sumer		
Mental Mental riked o	o Be	Forest Lest	er					Herso		
2 should b and Ments is marked sumatic e	70	19a. Informant's Name/Relationship		19h M	ailing Address (Street					Codel
d 2 mark		John S. Baldwi			07 Selki					
Tag H		20a. Method of Disposition		0b. Place of Dis	sposition (Neme of		Date	20c. Location		
semit. Pages 1 st Department of Hea mportant: If them 3 iny Injury or other more.		1 Burial 2 Cremetion 3			remetory or other ple					
nit. Pa artmer ortant: Injury		4 ☐ Donation 5 ☐ Other (Special Signature of Funeral Service Lice		Evergr	een Ceme		2-21-97	Leona,	Pen	n.
permit. Depart Import any inj		21. Signatura oi 1 unioral Servica Lica	77 1 0		Henry	W. Jen	kins &	Sons		
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		23a. Part Enter the disease, or con affock, or heart fallure. List only	nplications that caused the one cause on each tine.	death. Do not	enter the mode of dyi	ng, such as cardie	ac or respiratory	arrest,		Approximate interval Between
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icien: The law requires that the death or certificate has been signed by the attend rector, page 2 should be detached for us	d by	Amai Lb	1104.			-	24e We	s an autopsy	24h We	ere autopsy findings
v require	Completed	Millian No	nimor				perf	ormed?	ava	nilable prior to
e law has b	E D								of d	death?
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100	2	1 Yes 2 No	1 Linpatient	2 ER/Outpat		4 Solversing	T	idence 6 Oth)
B (3 5)	Certification:	27. Manner of Death 1 Matural 5 ☐ Pending	28a. Date of Injury (Month, Day Yea	28b. Time Injun	Wor		28d. Describe	how injury occur	red	
1	cat	2 Accident Investigatio				Yes 2□No				
D H G	E	4 Homicide determined		At home, farm, becify)	street, factory, office		28f. Location City or To	(Street end Numl wn, State)	ber or Rural	Route Number,
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To the Hospital within 24 hours To the Funeral /completely filled	edicai	Chock only 2 Medical Exam	ysician: To the best of my niner: On the basis of exam	knowiedge, de mination and/or	ath occurred at the tir Investigation, in my o	ne, date and place pinlon, death occ	e, and due to the urred at the time.	cause(s) and made and piaca.	anner es sta and due to	ited. the cause(s)
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/			empteted cause of death		e, Print)	7118 urt Roa	,			
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State of Maryland / Department of Health and Mental Hygiene

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aiiiiiei	Merc			ter			Ball	timore			
eral	5. Sociel Securit	y Number 6.	Sex 7. A	Company of the contract of	lest birthday)	If Under 1 Ye	ar if Under 24 H	1 40 5 5	N/A		e (Stete or Foreign
ctor	219-22	1,23	1□M 2 X F	72	Yrs.	Months De	ys Hours M	04-13	19, Yeer) -1924	MARYL.	AND
	Usuel Residence	of Decedent 10b. County		10c. Cit	y, Town or Loc	cation				10d.	Inside City Limits
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le le	10e. Street end	Number		1		10f. Zip Cod	e		10g. Citizen of	Whet Country?)
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ToB	JAMES	KENDALL					HELE	N N/A			
	19e. Informent's	Name/Relationship			19b. Meiling	g Address (Stre	eet end Number or	Rural Route Numb	er, City or Town,	, Stete, Zip Coo	de)
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	20e. Method of E		Removal from State		lece of Dispos emetery, crem	ition (Neme of etory or other)	olece)	Dete	20c. Location	- City or Town,	Stete
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TOE	exeminer?	X No	Hospitel: 1 Inpat	ent 2□I	ER/Outpetient	3 DOA	Other:	Home 5 Resid		ner (Snecify)	
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0	1 Neturel 2 Accident	5 Pending investigatio	(Month, De	sy Year)	Injury		Vork? ☐ Yes 2 ☐ No				
=	3 ☐ Suicide 4 ☐ Homicide	6 Could not b	20e. Piece of in	jury - At ho	me, farm, stree	et, fectory, offic	28		Street and Numb	ber or Rural Ro	ute Number,
Iffcati	4 LI HOHIICIG	3	building, e	c. (Specify)			City or To	vn, Stete)		
Sertificati			nyaiclan: To the best	of my know	vledge, deeth o	occurred at the	time, dete end ple	ce, and due to the	cause(s) and me	enner as stated	i.
al Certification:	29e. Certifier	1 Certifying Ph		f examineti	ion end/or inve	estigetion, in my	y opinion, death oc	curred et the time,	dete end plece,	end due to the	cause(s)
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edical	(Check only one) 29b. Signeture et	ad title of certifier	niner: On the basis of	eled.		0			2/21	1 -	



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Death 3. Time of Death **Physician** Year Linda J. Bell 22 1997 1020 P Feb /Medical 4a. Facility Name (If not institution, give street and number) 4c. County of Death City 4b. City. Town, or Location of Death **Examiner** Maryland General Hospital Baltimore 5. Social Security Number If Under 1 Year Months Days If Under 24 Hrs. Hours Min. 7. Age (In yrs. last birthday) Birthplace (Stete or Foreign Country) **Funeral** Days 217 80 4218 1 M 2 F 37 Yrs Director June 20 1959 France Usual Residence of Decedent the Maryland 10e State 10b. Count 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at ARundel Odenton Md Anne Director 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 21113 ітетя 23а 1235 Queen Anne Ave, death Funeral USA 12. Was Decedent Ever in U,S. Armed Forces? Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) permit. Pages 1 and 2 should be filed within 72 hours after d Department of Health and Mental Hygiene. Important: If Itam 27 is marked other than "natural", or Itam any Injury or other traumatic event, the Menical Experience once. 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 White 1 ☐ Yes 2 X No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Busineas/Industry Elementery/Secondery (0-12) College (1-4or 5+) Govt. Computer Tech 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Val A. Rogolino Yvonne Meunier 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Yvonne Rogolino Odenton, Md 21113 1235 Queen Anne Ave., 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Baltimore Md Metro Crematory 21. Signature of Fonera) Service Licensee 22. Name and Address of Facility Hardesty Funeral Home PA 21401 12 Ridgely Ave., Annapolis, Md 23a. Part 1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final deficienty syndrane disease or condition resulting in death) Examiner Examiner Physician: The law requires that the death certificate be executed burial-trensit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical the Due to (or as a consequence of) 98 esn signed by the a Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Nnknown þ 24b. Were autopsy findings available prior to completion of cause of death? page 2 should Completed 24a. Was an autopsy performed? 1 Yes 20 No 1 ☐ Yes 2 ☐ No certificate Be 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 14 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Natural 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide to Cartifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and menner es stated.

| Cartifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and menner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier Medical To the Hos within 24 ho To the Fun (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year)

State Registrar 31. Date filed (Month, Day, Year) FEB 2 5 1997

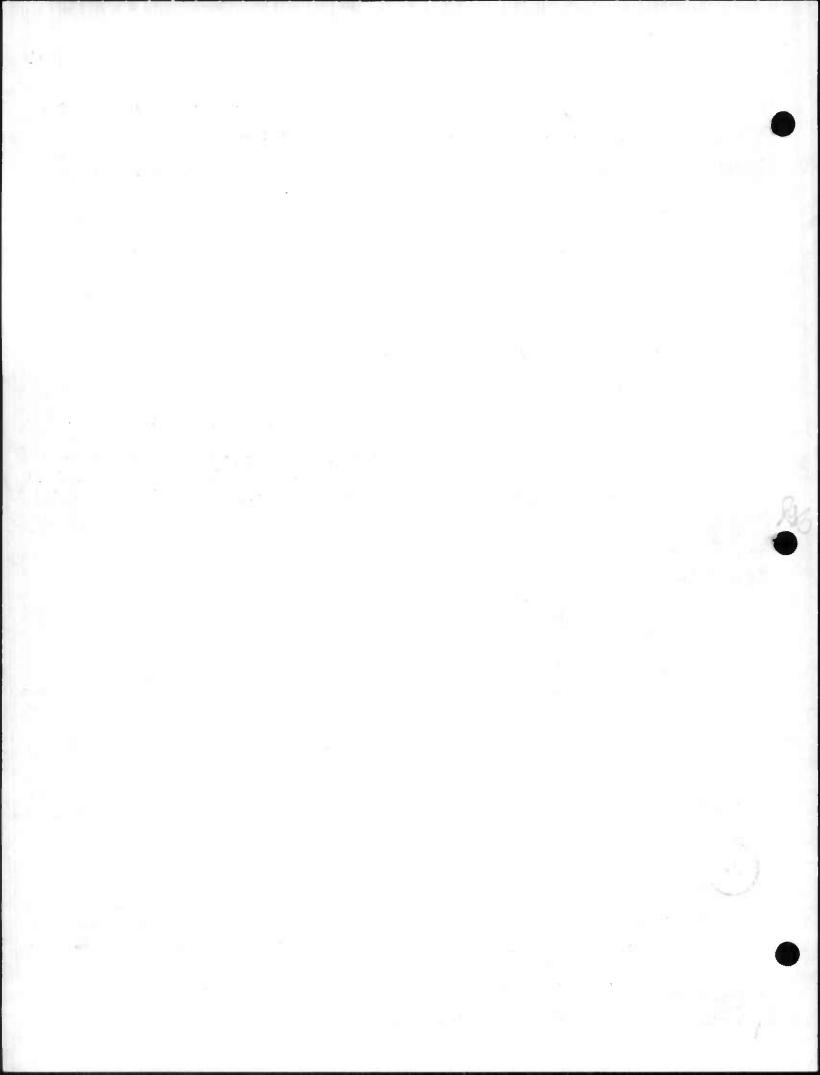
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Nassar Maryland
32. Registrar's Signature

30. Neme and address of person who completed cause of death (Item 23a) (Type, Print)

Jahra Savidson-Rando

henes



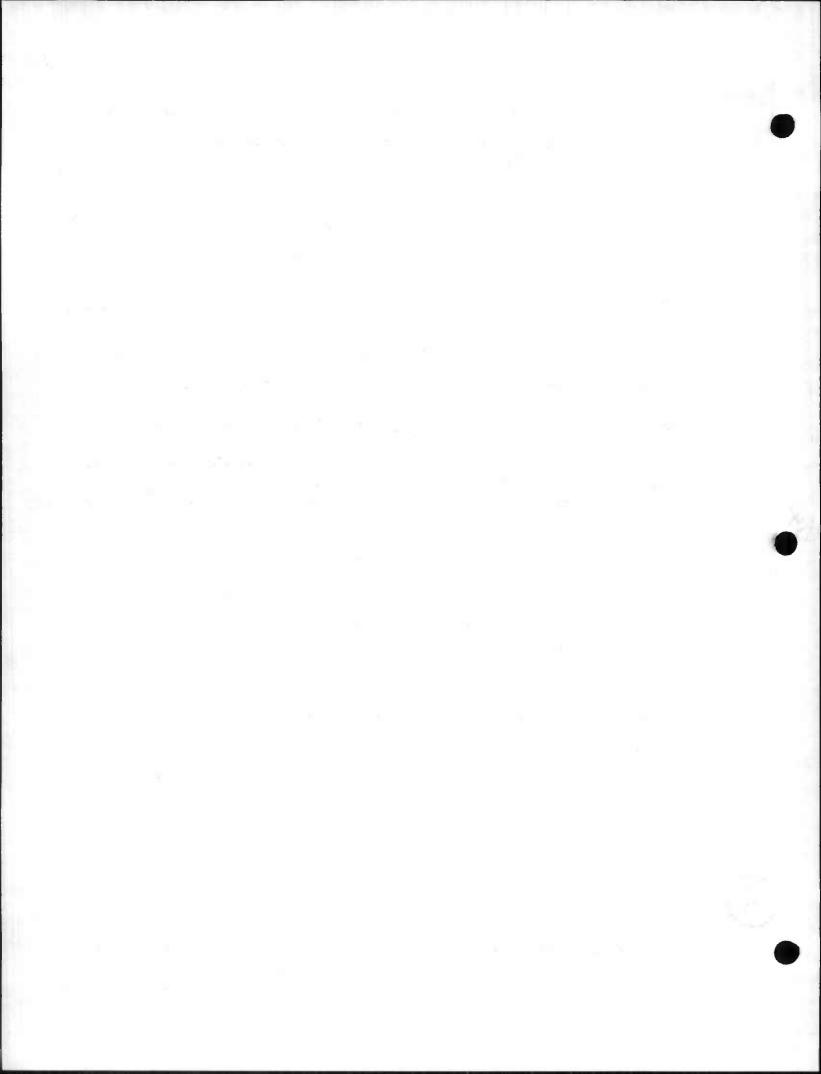
State of Maryland / Department of Health and Mental Hygiene Q 7

				,	Certificate of		Re	g. No.	1	05370
1	Physici /Medi		1. Decedent's Neme (First, Middle, Last) Helen There		urns		2. Dete of Deet Month FEB.	Dey	Year 997	3. Time of Deeth 7:10am
	Examir	ner	4e. Fecility Neme (If not institution, give street end number			4b. City, Town, or L		4c. County		
	Funerai Director		217-12-6634 1 M 2XF	rsing ge (In yrs. lest b 99			8. Dete of Birth (Month, Day, FEB. 18	, 1898	9. Birthpl Count Mar	A ece (State or Foreign ryland
	pue *		Usuel Residenca of Decedent 10a. Stete 10b. County	10c. City. To	wn or Location				10	d. Inside City Limits
	Maryl	tor	Maryland N/A		Balti	more			1.0	1X Yes 2 □ No
	or 28s	Director	10e. Street end Number		10f. Zip Code		10	Og. Citizen of V	/het Count	ry?
	23a c	rai	392 E. 31st Street		2	21218		U	ISA	
020	72 hours efter death with the Marylend natural, or items 23a or 28a-f show area Evantines must be notified at	by Funeral	11. Merital Stetus 1 Never Merried 2 Married 1 Never Merried 2 Married 1 Ywidowed 4 Divorced 12. Was Decedent Armed Forces' 1 Yes, Give Yeer or Dates:	?	13. Was Decedent of If Yes, specify Cu		pecify Yes or No- Pican, etc.)		- America k, White, e	
21215-0020	d within 72 hours piene. r then "neturel", tre Medical Ext	Completed	15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or	5+)	le. Decedent's Usuel Occ (Give kind of work don life. DO NOT use retin	e during most of work red)	king	16b. Kind of Bu	-	
d 21	D Co. be		8 17. Fether's Neme (First, Middle, Last)	S	alespersor		ne (First, Middle, M			Store
Maryland	S d a S	To Be	Henry M. Wietheger				ances Ho		e)	
lany	and se me		19e. Informent's Neme/Relationship (Type, Print)	15	9b. Meiling Address (Stree	et end Number or Ru	ral Route Number,	City or Town,	Stete, Zip	Code)
	CINL		Charles F. Letmate/son	2	Bristol Hil	ll Ct. Ca				
Jor			20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removel from State		of Disposition (Name of tery, cremetory or other pi			20c. Location -		
Baltimore,	permit. Peges Depertment of Important: If is any Injury or once.		4 ☐ Donetlon 5 ☐ Other (Specify) 21. Signature of Funeral Service Licansee Dawn F.		o Crematory,		/22/97	Balti	more	, MD
	Physician /Medicai Examiner	Examiner	23a. Pert1. Enter the disease, or complications that cause shock, or heart feilure. List only one cause on each if the disease or condition resulting in deeth) Sequentially list conditions,	Due to (or es	e consequence of):		or respiratory arre	est,		Approximate Intervel Between Onset end Death
Box 68760,	death certificete be executed e attending physician and of for use as the burial-transit	Medical	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Last	Due to (or es e	e consequenca of):					
P.O.	es that the death cer igned by the attendir be detached for use	Physician/	Pert II. Other significant conditions contributing to death be			given in Pert I.				the cause of death?
Vital Records,	aw requires been s	Completed by	Remant.	2000		ساهي	24a. Wes er perform	n eutopsy ned?	con	re eutopsy findings ileble prior to ipletion of cause eeth?
E R	The ate h	Cor					1□ Ye	s 2 No	1 🗆	Yes 2□ No
Ĭ	Physician: The this certificate mai director, par	Be c	25. Wes case referred to medical examiner? Hospitel: Hospitel:			Whor:	th (Check only one			
Division of	After fune	atlon: To	1 Yes 2 No	ent 2 ER/C lry 28b.	. Time of Injury 28c. Inj	4 Lar Nursing Ho	28d. Describe ho			
Pivis Bivis	tal or Attendent to ther deat of Oirector: ed in by the	Certification:	3 Suicide 6 Could not be determined 28e. Plece of In building, et	jury - At home, to. (Specify)	farm, street, fectory, office	8	28f. Location (Str City or Town,		er or Rural	Route Number,
(R	edical	29a. Certifier (Check only one) 1 Certifying Physician: To the best 2 Medical Examinar: On the bests of end menner st	f examinetion e	ge, deeth occurred et the and/or Investigation, in my	time, dete end plece, opinion, deeth occur	end due to the ce red at the time, de	use(s) end ma te end plece, e	nner as ste and due to	eted. the cause(s)
	0 1 0 0 m	Σ	29b. Signeture end title of cartifier		29c. Licer	nse number	29	d. Dete signed		ey, Year)
	i i		Itwo RIMO M.)	(19793		2/22	197	
	4		30. Name and address of person who completed cause of a	deeth (Item 23e)	(Type, Print) Below Rd	Bulti	me M	e	217	237

DHMH 16 Rev 6/95

Registrar

FEB 25 1997



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Deeth Day 20 1997 **Physician** BUSCEMI FEBRUARY 0805 SALVATORE /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner University Medical Center Baltimore

| H Under 1 Year | If Under 24 Hrs. | 8. Date of Birth | Months | Days | Hours | Min. | (Month, Day, Year) 6. Sex 1 M 2 □ F 5. Social Security Number 7. Age (In yrs. last birthday) Birthpiace (Stata or Foreign Country) Days Yrs. 215-14-4561 JAN 24, 1923 74 Maryland Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits MD N/A Baltimore Director 1 Yes 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1029 E. Baltimore 21202 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yas Ž☐ No if Yes, Give Year or Dates: 1 Never Marriad 2 Married 1 ☐ Yas 2 ☐ No by Specify: White 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent's Education (Spacify only highast grada complated) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 10 Kitchen Help Restaurant 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middla, Maldan Sumama) Salvatore Buscemi Rose Unnarado 19a. informant's Name/Relationship (Typa, Print) 19b. Mailing Address (Straat and Number or Rural Routa Numbar, City or Town, Stata, Zip Coda) Phillip M. Sutley/Guardian 116 W. Mulberry St. Baltimore, MD 21201 20b. Place of Disposition (Nama of camatery, cramatory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Buriai 2 ☐ Cramation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory, Inc. 2/21/97 Baltimore, MD 22. Name and Address of Facility
Cremation Society of Maryland, Inc. 21. Signature of Edheral Service. Dawn F. McDonald 299 Frederick Rd. Baltimore, MD 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onsat and Death immediate Causa (Final disaesa or condition resulting in death) SEPSIS WEEK Due to (or as a consequenca of): Examiner GASTROINTESTINAL HEMORILHAGE MONTH Sequentially fist conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): RENAL FAILURE MONTH Physician/Medical Dua to (or as a consequence of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ð 24b: Wara autopsy findings available prior to complation of causa of death? Completed 24a. Was an autopsy performed? 1 ☐ Yes 2 No Be 25. Was case referred to medical 26. Place of Deeth (Check only ona) Hospitel: 1 inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 27. Menner of Death 28e. Date of injury (Month, Day Year) Certification: 28b. Time of injury 28d. Describe how injury occurred 28c. injury at Work? 5 Pending Investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 Suicide 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 Homicide 29a. Certifier 10 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical (Check only one) 29b. Signatura and title of partifiar 29c. Licansa number D 35 35 4 (MD) FEBRUARY 20, 1997 29d. Date signed (Month, Day, Year) 30. Name and address of pason who completed cause of death (item 23a) (Type, Print) 22 SOUTH GREENE STREET BALTIMORE MARYLLAD JOHN G. TEETER

State Registrar

Funeral

Director

28a-f show

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items 23a

permit. Peges 1 and 2 should be filed within 72 hours after of Department of Health and Mentel Hygiene. Important: if item 27 is marked other than "natural", or item eny injury or other traumatic event, the Medical Exercises once.

Physician

Examiner

physician end s the burial-transit

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this certificate has

After

death.

Hospital within 24 hours

To the

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director,

filled in by the funeral

completely

or Attending Physician: The law requires that the death certificate be executed

P.O. Box 68760.

Records,

Division of Vital

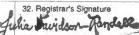
/Medical

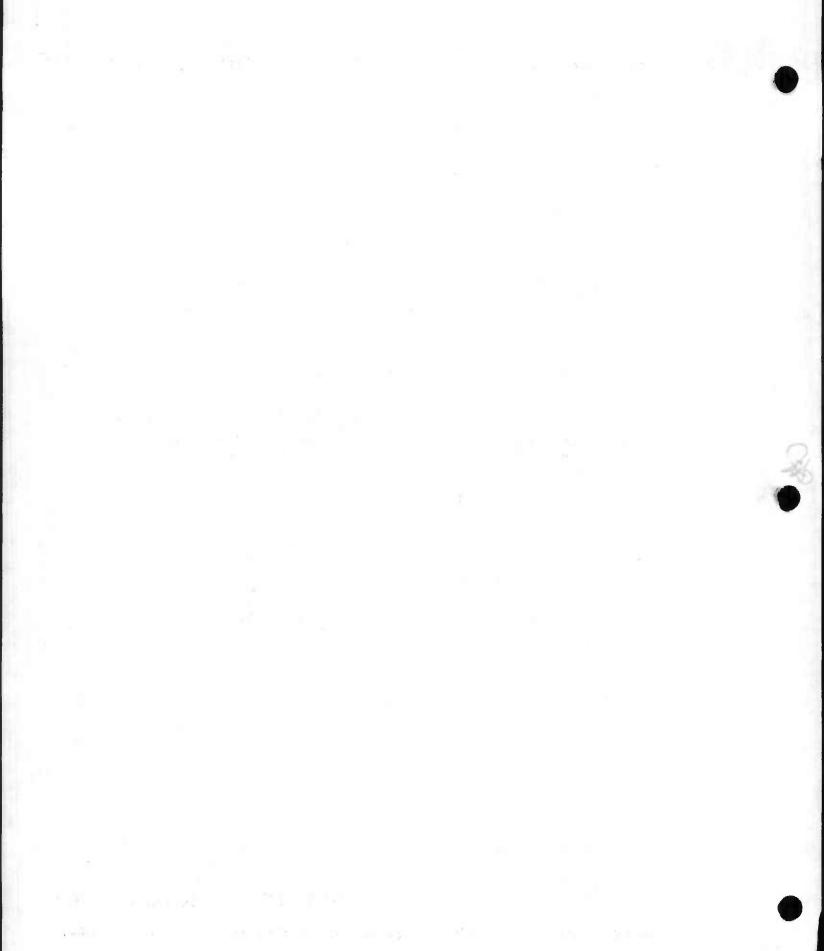
Baltimore, Maryland 21215-0020

traumatic event, the Medical Examiner rount be notified at

31. Date filed (Month, Day, Year)

FEB 25 1997

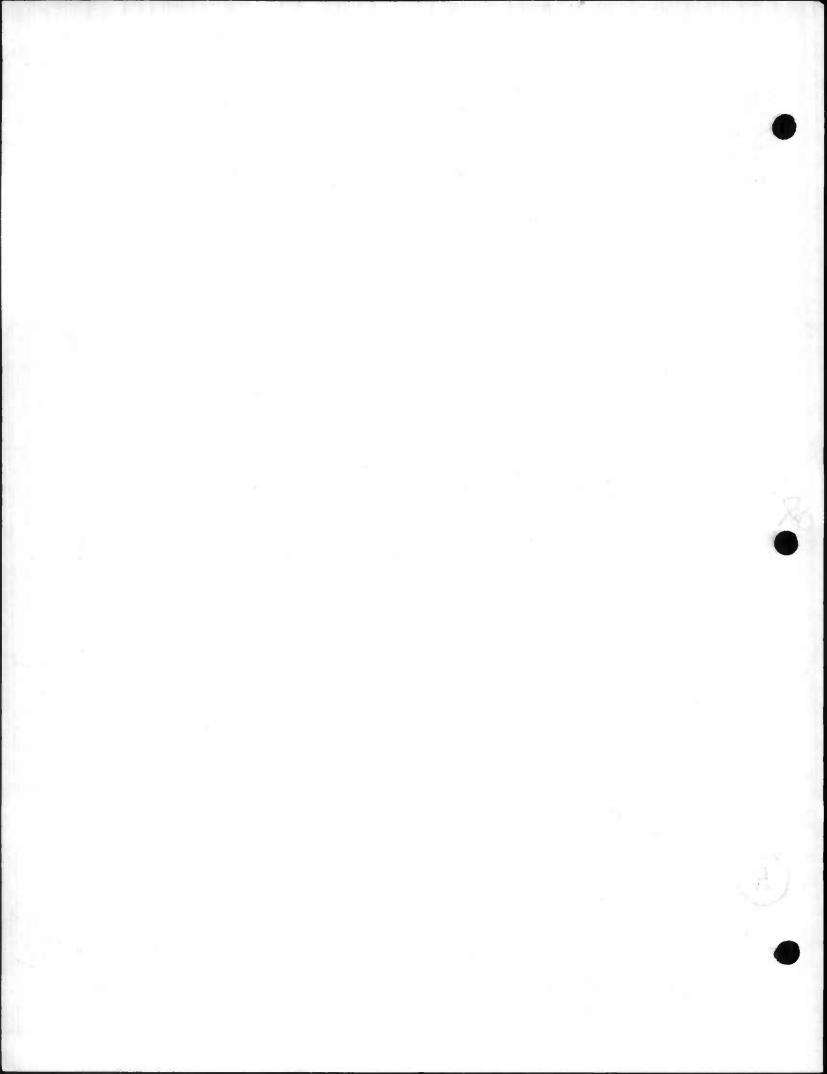




State of Maryland / Department of Health and Mental Hygiene Item18 2-25-97 FilmG744 W.H.Per F/H Certificate of Death Item 5 per FH FilmG745 3-4-97 1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physician** Day Boyd FEB. 21, 1997 6:45am /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 320 Waveland Road Catonsville Baltimore If Under 1 Year If Undar 24 Hrs. 8. Dala of Birth
Hours Min. (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplaca (State or Foraign Country) **Funeral** Months Days 1□ M 20 F 957-24-9162 Yrs Director 66 AUG 21. 1930 New York Usual Rasidance of Dacadani the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show / is marked other than "natural", or items 23a or 28a-f shor traumstic event, the Medical Examiner must be notified at MD Baltimore Director Catonsville 1 Yas 2 No 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? Items 23a 320 Waveland Road 21228 Funeral USA 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, alc. 11. Marliai Status 2 should be filled within 72 hours efter on and Mental Hygiene. Is marked other than "natural", or ite 1 ☐ Naver Married 2 ☐ Married 1 Yas 2 No If Yas, Giva Year or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No þ Specify: White 3√ Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) Registered Nurse Hospital permit. Pages 1 and 2 should be file Department of Haalth and Mental Hy, Important: If Itam 27 is marked othe any injury or other traumatic event, 9068. 17. Father's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be Ann Thomas J. McLoughlin "Unknown" Hughes 19a. Informant's Nama/Ralationship (Typa, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) Michael P. Boyd/son 320 Waveland Road Catonsville, MD 21228 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burlal 2 ☐ Cremation 3 ☐ Ramovai from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) Metro Crematory, Inc. 2/22/97 Baltimore, MD 21. Signatura of Funeral Sarvice, Les Dawn' F. McDonald 22. Nama and Addrass of Facility Cremation Society of Maryland, Inc. Dawn F. McDonald

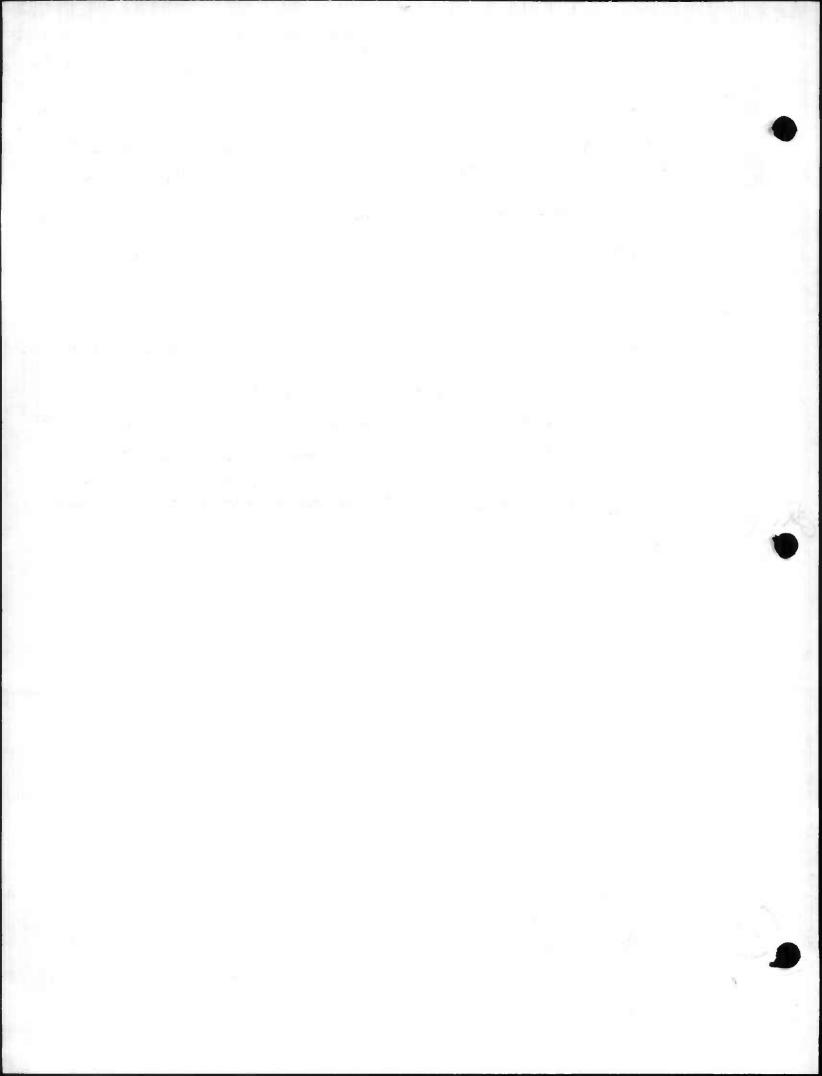
299 Frederick Rd. Baltimore, MD 21228

23a. Part1. Enter tha disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata tntarvai Batween Onsat and Death **Physician** /Medical Immediata Causa (Final alon Carcinoma diseasa or condition resulting in death) mos Examiner Examiner physician and s the buriel-transit The law requires that the death certificate be axecuted Sequentially list conditions, if any, laading to immediata causa. Entar Undarlying Causa (Disaasa or injury that initiatad evants rasulting in daath) Last Dua to (or as a consequence of): of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequenca of) 5211-lars alon Carcinona been signed by the a should be detached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco usa contribute to the cause of death? 2 No 3 Probably 4 Unknown 1 Yes þ Completed 24b. Wara autopsy findings available prior to 24a. Was an autopsy completion of cause of death? 1 Yas 2 No 1 ☐ Yas 2 ☐ No Physician: Be 25. Was casa rafarred to medical 28. Placa of Death (Chack only ona) Other: 4 Nursing Homa 5 Pasidance 8 Other (Specify) 2 1 Yes 2 No 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this 28c. injury at Work? 27. Manner of Daath 28a. Data of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of Certification: 1 Naturai 5 Panding Invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datamined 3 Sulcida 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Place of injury - At homa, farm, streat, factory, office building, atc. (Spacify) 4 Homicida 1 🗹 Certifying Phyaician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as statad. 29a. Certifian edical 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. vithin To the 29b. Signatura and title of certifian 29c. Licansa number 29d. Dala signed (Month, Day, Year) eted causa of daath (ttam 23a) (Type, Print) 300 32. Registrar's Signature State Registrar



State of Maryland / Department of Health and Mental Hygiene 9 7

		ITEM: 20a per FH G-744	2-27-97 eoh		Certif	icate of	Death		Reg. No.		
Physici /Medic		Decedant's Name (First, Middle, L. ALLEN	C.		BA	VERMAN		2. Date of Dec Month FEBRUAR	ath Day	Year L997	3. Time of Death 9:55 PM
Examir Funeral Director		219-18-4209	RD., UNIT S			Under 1 Year onths Days	4b. City, Town, or BALT If Under 24 Hrs Hours Min	IMORE 8. Date of Birt	4c. County	BALT 9. Birth	TMORE place (State or Foreign try) YLAND
72 hours after deeth with the Marylend natural', or items 23e or 28e-1 show lited Examiner main be notified at	tor	Usual Residence of Decedent 10e. State 10b. County BAI	TIMORE	10с. City, Тои		on CIMORE					0d. Inside City Limit
3a or 28a at be not	al Director	10e. Street end Number 4001 OLD COURT F	RD., UNIT 5	500	1	Of. Zip Code 212	08		10g. Citizen of	What Cou	ntry?
ous after deem with the maryler all, or flems 23e or 28e-f show Examiner mant be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces? 1 Yes 2 Yes If Yes, Give Year or Dates:			Decedent of Its, specify Cub	dispenic Orlgin? (S an, Mexican, Puer Specify:	Specify Yes or No- to Rican, etc.)	14. Rec Bla Specif	ck, White,	ean Indian, etc.
r than "	Completed	15. Decedant's E (Specify only highest gr Elamantary/Secondary (0-12)	ducation ade completed) College (1-4or		(Give kind lifa. DO l	's Usual Occup t of work done NOT use retire CEO	during most of wo	rking	16b. Kind of B		dustry
Mental Hygi Brked other atic event,	To Be C	17. Father's Name (First, Middle, Las MARVIN)	BAVERN	MAN	•	18. Mother's Na JENN	ma <i>(First, Middl</i> a, Y		ne) NKNOV	īN
alth and 27 is m		19a. Informant's Name/Raiationship BETTY JO BAVERMA		190	b. Mailing A	D COUR	and Number or R	PT. 500	BALTIM	ORE,	MD 21208
Department of He Important: If Nem any Injury or othe once.		20e. Method of Disposition 1 □XBurial 2 □ Cremation 3 ↓ 4 □ Donation 5 ☒ Other (Speci	Removel from State		ery, cremato	on (Name of ory or other pla) MEM.		2/23/97	FALLS		OWN, State
Departr Importu any infi		21. Signeture Funeral Service Lice		140		ame end Addre	erstown	L LEVINS			
hysician //Medical publican and use est the principle state of the p	v/Medical Examiner	Immediata Cause (Final disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	b. ————————————————————————————————————	Due to (or as a	consequan	ce of):	ng				1 Year
by the ette	Physician	Part II. Other significant conditions	contributing to death b	ut not resulting I	In the under	tying cause gi	ven In Part i.	23b. Did t			o the cause of deat
ts been sign	Completed by F								an autopsy med?	av	ere autopsy findings allable prior to mpletion of cause death?
pe	Be Con	25. Was casa rafarred to medical		·			26. Placa of Da	1 □ Y ath (Check only o		1[Yes 2□ No
h. Aftar this funeral di	Certification: To I	axaminer? 1 Yes 2 No 27. Manner of Death Natural 5 Pending Lacidant Investigation 3 Suicide 6 Could not be		y Year) 28b.	Tima of Injury		4 Li Nursing F	dome 5 Resid	ow Injury occur	red	
Director:		4 Homicida detarmined		c. (Specify)			me data and oler-	City or Tow	n, State)		Il Route Number,
The state of the s	Medical		ninar: On the basis of and mannar ste	axamination an	nd/or Invasti	gation, in my o	ppinion, daath occu	urred at tha tima,	date and place, 29d. Date signe	and dua to	tha causa(s)
Sta Registr	_	30. Name and addrass of person who Sheld (31. Date filed (Month, Day, Year) FEB 25 199	ON Gol	aath (Item 23a) dge/e/Car's Agnature Davidson			400001				ull med



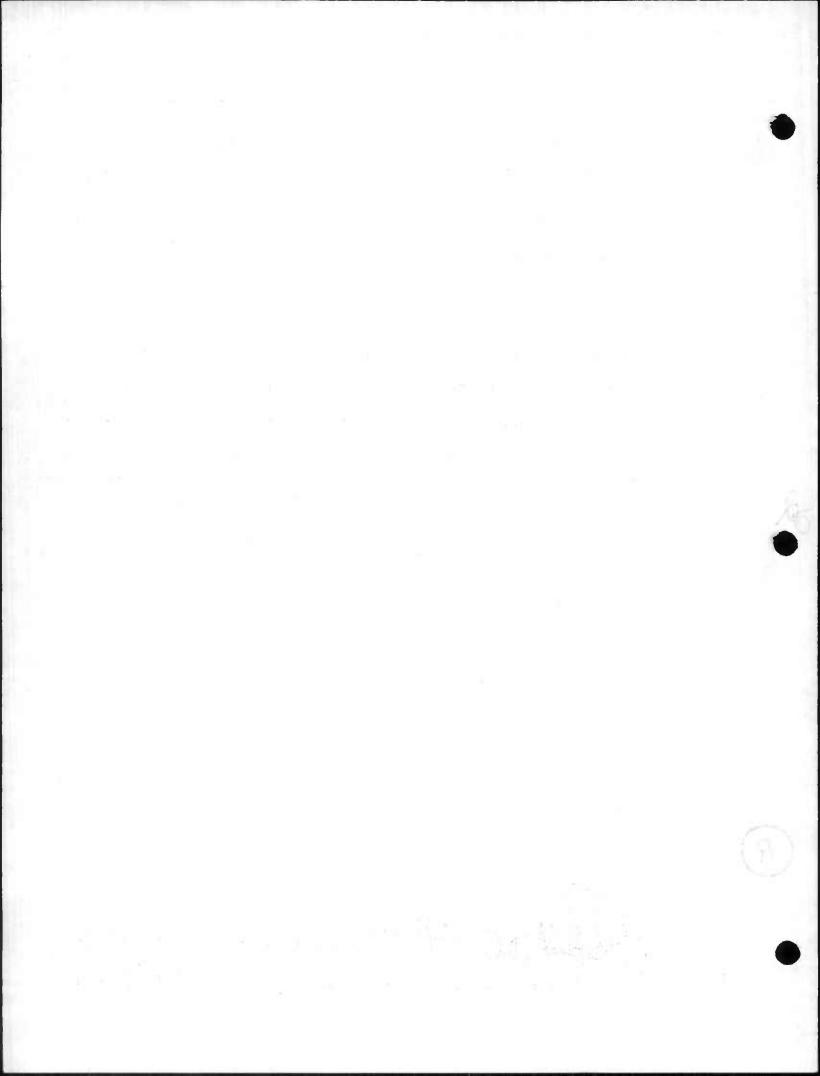
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene 97

						Certificate of	Death		Reg. No.		
Г	Physic	ion	Decedant's Nama (First, Middle, L.	•				2. Date of De Month		Year	3. Time of Death
d	Physic /Medi		Mary Alic	e Fulto	n Banks			Month 02th	20	^{Ye} 97	11:19am
	Exami		4a. Facility Neme (If not institution, gi 2218 Callow		7)		4b. City, Town, or Lo		4c. County		
	Funeral Director			Sax 7. A 1 □ M 2 🖫 F	Aga (In yrs. last birt 52	hday) If Undar 1 Yaa Months Days		8. Date of Bird (Month, Da 09-2	h y, Year) 7 – 4 4	9. Birthp Coun	place (Stata or Foreign htry) • C •
	fand w		10a. Stata 10b. County		10c. City, Towr	or Location				1	0d. Inside City Limits
	the Marylan 28a-f show	to	Md	NA	Balti	more					1 ☑ Yes 2 ☐ No
	or 28a-f	<u>e</u>	10e. Street and Number			10f. Zip Code			10g. Citizan of	What Coun	ntry?
	th wit	a	2218 Callow	Avenue		2]	1217			USA	
5-0020	or items	by Funeral Director	11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedan Armed Forces 1 ☐ Yas 2 X ff Yas, Giva Yaar or Datas	No	13. Was Decedant of If Yas, specify Cul		ecify Yes or No Rican, etc.)	14. Rac Bla Specifi	ck, Whita,	an Indian, atc.
5-0	72 hours naturel',	Pe	15. Decedant's E (Specify only highast gr	ducation	16a.	Dacedant's Usual Occu (Giva kind of work done lifa. DO NOT use ratin	ipation	ina	16b. Kind of B	usinass/Inc	dustry
Maryland 2121	vithin han "	Completed	Elementery/Secondery (0-12) 12th Grade	College (1-4or	r 5+)	lifa. DO NOT use ratin		nig	Labo	rer	
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yla	2 should be end Mental s marked c	To	Whitaker	Fu	lton		Edith			ott	
Jar	2 sho		19e. fnformant's Name/Ralationship	•		Mailing Address (Stree					
	1 and Health em 27			ulton		218 Callo					
lore	Pages 1 ient of H nt: If Ite		20a. Mathod of Disposition 1 Durial 2 Cramation 3	Removal from State		Disposition (Nama of y, cramatory or other pla		Date	20c. Location		
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Bal	permit. Pag Depertment Important: I any injury o		21. Signature of Funaral Sarvice Uco	nsee	_	22. Nama and Addr					ryland 2120
-			/ Ment cha				March FH			th A	venue
	Physician /Medical Examiner	er	23a. Part1. Entar tha disaasa, or son shock, or haart failura. List only Immediata Cause (Final disaasa or condition rasulting in daath)	a. Lul	ng Can	Onsequence of):				1	Approximate Interval Batwean Onsat and Death Onsat and Death
: 68760,	certificate be executed nding physician and use as the buriel-transit	Medical Examiner	Sequentially list conditions, if any, leading to immediata cause. Entar Underlying Cause (Disaase or Injury that initiated avents rasulting in death) Last	b	Dua to (or as a c						
Box	eath ce attendir			d							
P.O.	requires that the death ce een signed by the attendi hould be deteched for use	by Physician/	Part II. Other eignificant conditions	contributing to death	but not rasulting In	tha undarlying causa g	iven in Part f.	23b. Did	tobacco use co		the cause of death?
Vital Records,	aw 2.s.b	Completed b							an autopsy rmed?	ava	ara autopsy findings allable prior to mplation of cause death?
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Vita	ysician: The s certificate director, pag	Be	25. Was casa rafarrad to madical exeminer?	Hospital:		0	26. Placa of Death	h (Check only o	na)		
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ā	200	tlon	1 ☑Naturel 5 ☐ Panding 2 ☐ Accidant Invastigatio	28a. Data of Inj (Month, D	ay Year) Ir	jury Wo	ork? ☐Yes 2☐No	eda Dasonos I	iow injury coods		
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	To the Heaptal within 24 hours To the Funeral completely filled	edical C	29a. Certiflar (Check only one)	nystclen: To the best niner: On the basis and mannar s	of exeminetion and	death occurred at tha t /or Invastigation, in my	ima, data and place, opinion, daath occurr	and due to the red at tha tima,	ceuse(s) end models	enner es st and due to	letad. the cause(s)
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	4		30 Name and address of person who	completed causa of	daath (Itam 23a)	Type, Print) W. &	urdogu!	SE	sel+	MI	0
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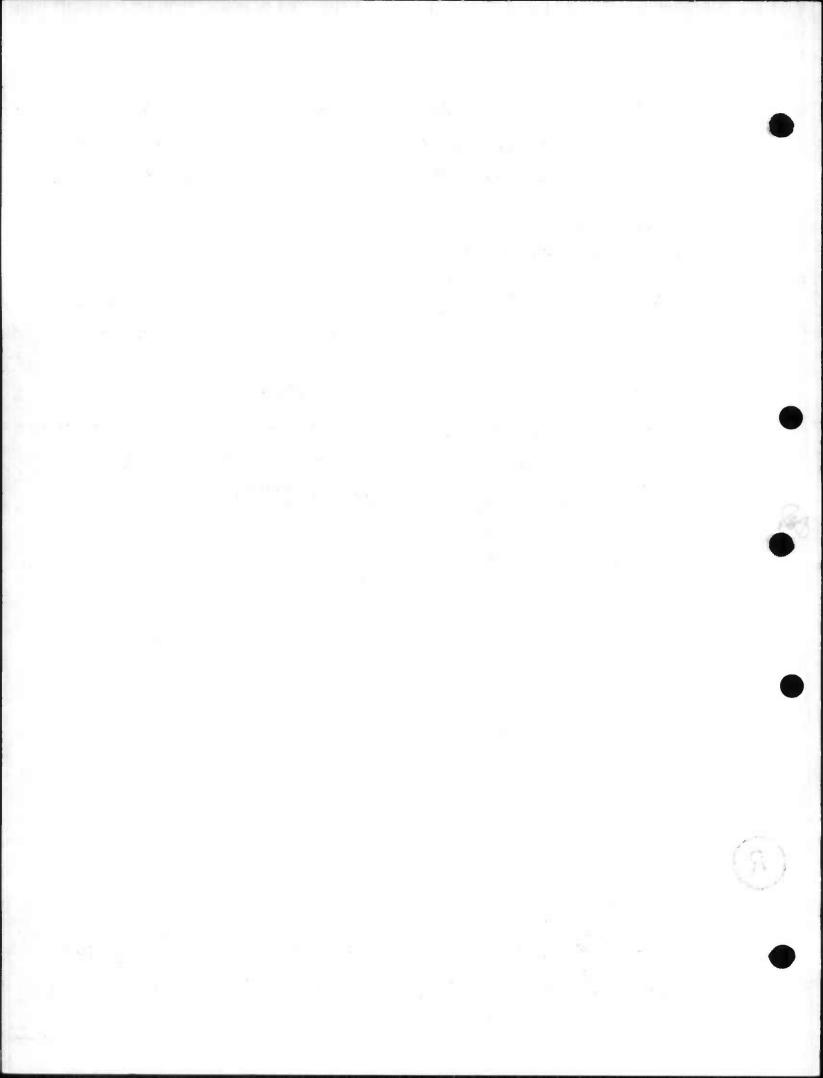
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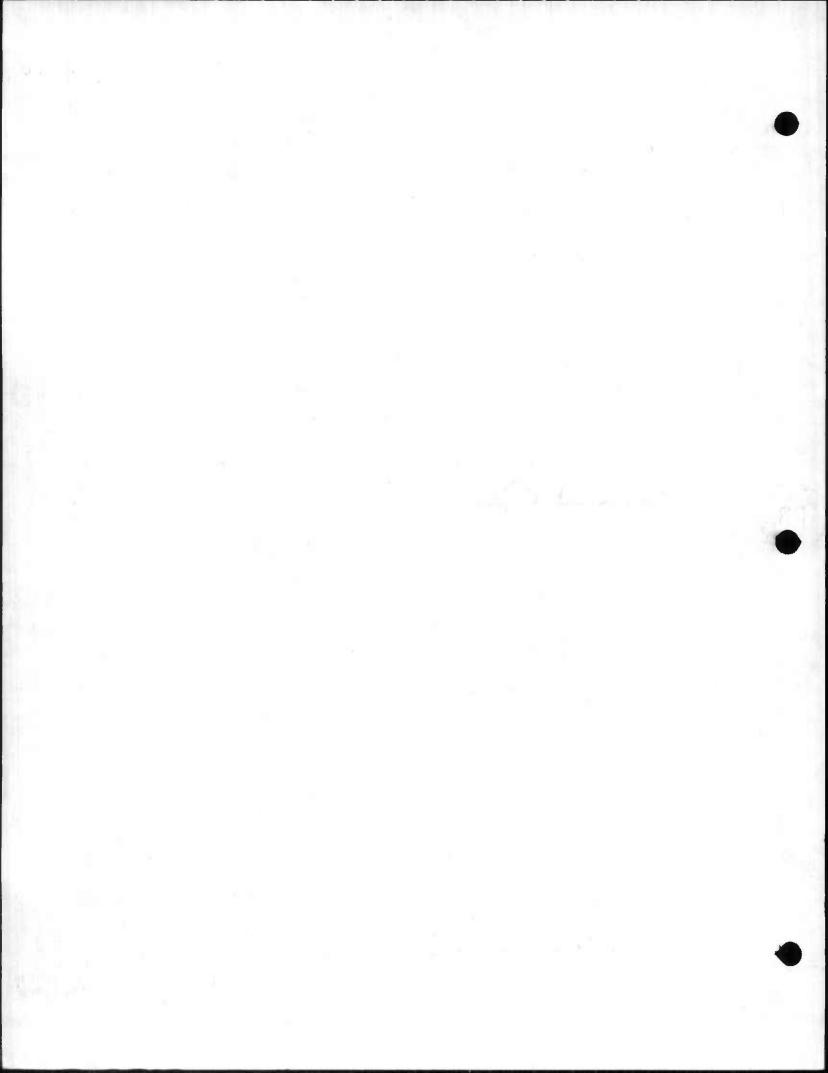


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Funeral Director	10	11. Maritel Stetus	12. Wes Decedent Eve	er in U,S. 13. V	2121 Ves Decedant of F	Ispanic Origin? (S	pecify Yes or No	14. Race	.S.A. - Amarican Indien,
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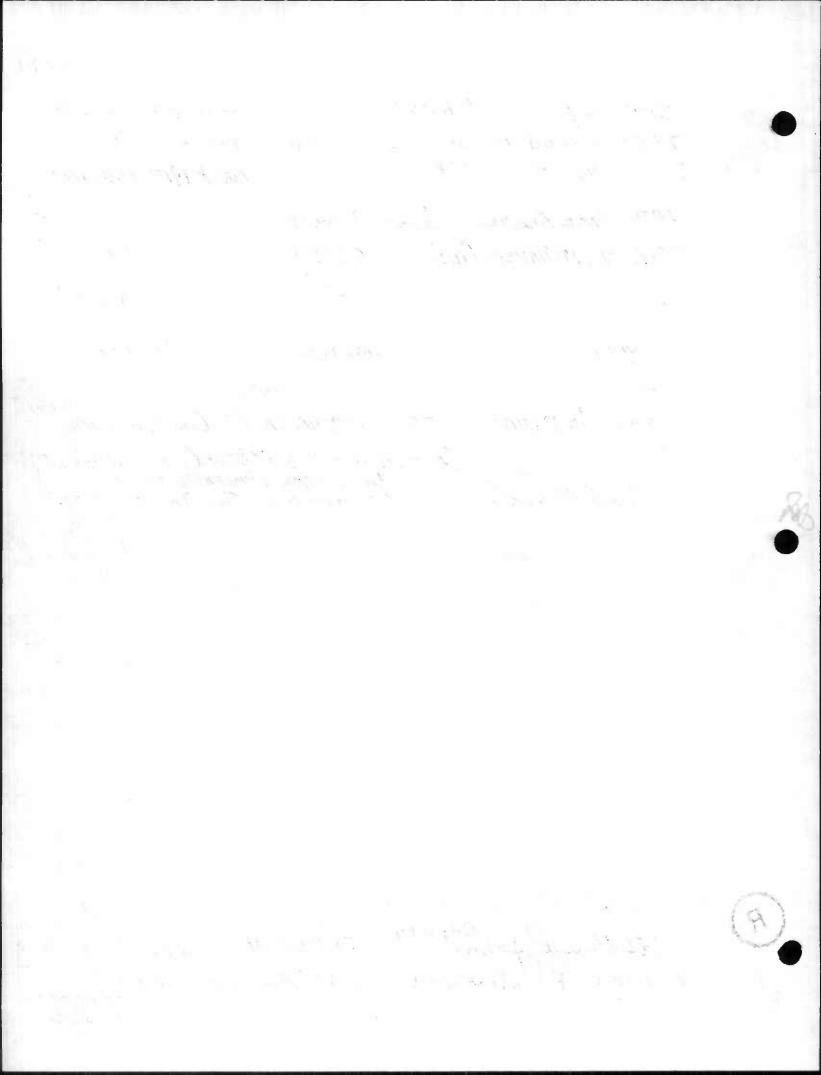
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aminer	4a. Fa	clity Name (I	f not institution, g	give street end nu	umber)					Location of Dea	4c. (County of D	eath	V
		DINAI							Baltin		B	alti	YOM	ne_
eral ctor		lal Security N		. Sex 1 □ M 2 XF	7. Age (In yr	rs. lest birthdey Yrs.	Months	1 Year Days	If Under 24 Hr. Hours Mir	Min. (Month, Dey, Year) Country)			e (Stete or F	
	Usual Residence of Decedent							10/0	0101	110		outora		
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Sire	10e. S	treet and Nun	nber	10f. Zip Code					10g. Citiz	an of What	Country'	?		
a le	170	1700 Gwynns Falls Parkway					21216				USA			
other traumatic event, the Modical Examiner must be notitied at To Be Completed by Funeral Director	11. Ma	11. Maritai Status		Armed F		U,S. 13.	J.S. 13. Was Decedent of Hispanic Origin? (Sp. If Yas, specify Cuban, Mexican, Puarto			Specify		maricen Vhite, etc.		
by F	3 [ed 2 Married 4 Divorced	If Yes, Give		1 ☐ Yes 2 ☐No Specify:			Specify:			Specify:		
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Completed		15. Decedent's Education (Specify only highast grade completed))	16a. Decedent's Usual Occupation (Give kind of work done during most of wo life. DO NOT use retired)			orking 16b. Kind of Business/Industry		try				
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any injury o	21. Sig	gnature of Fur	neral Service Lic	ensee			2. Nama and			nes Fun	aral I	- Amo		
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	23a. F	art1. Enter th	a disease, or co	mplications that	caused the de-	ath. Do not en	nter the mode	of dying,	such as cerdia	c or respiratory	arrest,		An	proximate erval Betwee
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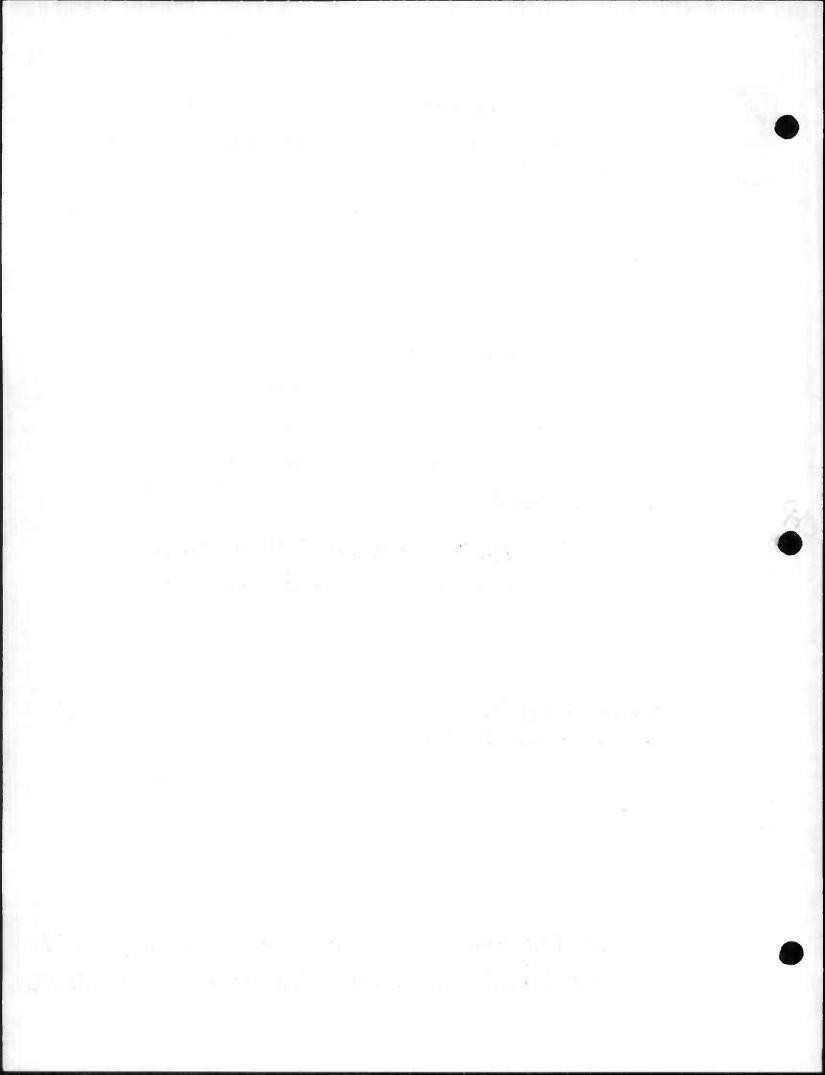
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		State of Maryland / Department of Health and I Certificate of Death	Mental Hygiei Reg.	21	0537					
Physicia /Medic	al	1. Dacedant's Nama (First, Middla, Last) BARNEY Chiase As Earlith Nama (Hast institutes give street and number)	2. Data of Daath Month Feb	Day Yaar 22 97	3. Tima of Death 0900					
Funeral Director	er	4a. Facility Nama (If not institution, giva streat and number) 4b. City, Town, or I 7500 Wood I + AUCD C+, GLEN 5. Social Sacurity Number 6. Sax 1 Months Days Hours Min. Usual Rasidanca of Decadant	Burne Burne 8. Data of Birth (Month, Day, Ye		Polaca (Stata or Foraign ntry) RYLAND					
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ith with the 23a or 28a	Funeral Director	10e. Street and Number 10f. Zip Coda 10f. Zip Coda 10f. Zip Coda 10f. Zip Coda	10g.	Citizen of What Coun	ntry?					
7	by Funera	11. Marital Status 12. Was Dacedant Evar in U,S. Armed Forcas? 1 Navar Married 2 Marriad 3 D Widowad 4 Divorced 12. Was Dacedant Evar in U,S. Armed Forcas? 1 Yes 2 No If Yas, specify Cuban, Maxican, Puarto If Yas 2 No If Yas, Giva 1 Yas 2 No If Yas 2 No I	pecify Yas or No- o Rican, atc.)	14. Raca - Amaric Black, Whita, Specify: 432	can Indian, atc.					
72 Inat	Completed	15. Dacadant's Education (Spacify only highast grada complated) Elementary/Secondary (0-12) College (1-4or 5+)	king 16b.	Kind of Businass/Ind	dustry					
TOTE, MATYIANG Z1Z ges 1 and 2 should be filed within t of Health and Mental Hygiene. If Item 27 is marked other than or other traumatic event, the M	Be	/	na (First, Middla, Maid	fen Surnama)						
e, Maryland 1 end 2 should be file Health and Mental Hy em 27 is marked oth rither traumatic event	2	19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Ru 19c. Mailing Addrass (Street and Number or Ru	ral Route Number, Cit	ty or Town, Stata, Zip	Code) 2-104/					
permit. Pages 1 and Department of Health Important: if Item 27 any Injury or other transcent.		20a. Mathor of Disposition 1	7/27/97/UN TUMBBA/ AL	Location - City or To HMB PIA WITIMP	21229					
Physician Medical Examiner		Immadiata Causa (Final disaasa or condition rasulting In death) a. Acute Card, ac Tes	uFFIE	C	Approximata Interval Between Onsat and Death					
ficata be physicia is the bur	/Medical Examiner	Sequantially list conditions, if any, laading to immadiate causa. Enter Undarlying Cause (Disaase or Injury that initiated avants rasulting in death) Last b. \[\int \text{Vevioselevatic} \] Due to (or as a consequence of): Dua to (or as a consequence of):	rt Di	sease						
a death certifi he attending I led for usa as	Physician/M	Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.	23b. Did tobac	co use contribute to	tha cause of death?					
	Dy Pu		1 Yee	2□ No 3□ Prob	pably 4 Unknow					
Physician: The law requires that the this certificate has been signed by the rail director, page 2 should be detached.	Completed		24a. Was an au performed	? ava	ara autopsy findings allabla prior to appletion of causa daath?					
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Physician: this certific ral director.		axaminar? 1D Yas 2 No Hospital: 1 Inpatient 2 ER/Outpatlent 3 DOA Other: 4 Nursing Hospital:	oma 5 Anasidance	1	1)					
l or Attending F after death. Director: After if in by the funer		fication:	fication	ification	ification	ification	ification	27. Mannar of Death 1 Panding 2 Accident 1 Nastigation 3 Suicida 4 Homicida 4 Homicida 28a. Date of Injury 28b. Tima	28d. Describe how in 28f. Location (Streat	njury occurred and Number or Rural
		29a. Certifiar 1 Certifying Physician: To the best of my knowledge, daath occurred at tha tima, date and place.	City or Town, Sta	(s) and mannar as sta	ated.					
	-	one) and mannar stated.		and placa, and due to Data signed (Month, E						
		1 1 1 1 m								
14		30. Nama and address of person who completed causa of daath (Itam 23a) (Type, Print) William P. Jowes, MD 695 Amic	erica	21035						
State Registrar	•	31. Data filed (Month, Day, Year) 32. Registrar's Signature 33. Registrar's Signature 34. Adjustion - Handele								



				Certificate of		Reg. No.	05378		
Physic	ian	Decedent's Neme (First, Middle, Last	•	Month	2. Dete of Deeth Month Day Year 3. Time of Deeth				
/Medi		Hattie	Campbe	11	Febru	February 24,1997 8:52a			
Exami	ner	4a. Facility Neme (If not institution, give			4b. City, Town, or Location of Dee	eth 4c. County o			
		Maryland Ger 5. Sociel Security Number 6. S			Baltimore If Under 24 Hrs. 8, Date of B		n/a		
Funeral Director			ex 7. Age (In yrs. I	Yrs. Months Deys	Hours Min. (Month, L	Day, Year)	Birthplece (Steta or Foreign Country) SC		
h with the Maryland 3a or 28a-f show at be notified at	al Director	10a. Stete 10b. County ND n		, Town or Location Baltimore			10d. Inside City Limits Ñ Wes 2 □ No		
		10e. Street end Number 1100 Pennsyl	vania Ave.	10f. Zip Code 212	17		0g. Citizen of What Country? USA		
- 5	Funeral	11. Marital Status	12. Wes Decedent Ever In U.	S. 13. Was Decedent of	Hispanic Origin? (Specify Yes or Noan, Mexican, Puerto Rican, etc.)	lo- 14. Race	- American Indien,		
should be filed within 72 hours after death with the Maryland nd Mental Hyglene. I marked other than "natural", or itema 23a or 28a-f show umatic event, the Medical Examiner must be noothed at	Be Completed by Fur	1 ☐ Never Married 2 ☐ Married 3 🗗 ₩idowed 4 ☐ Divorced	Armed Forces?, 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:	1 Yes 2EINo			Black		
		15. Decedent's Ed (Specify only highest gre	ucation de completed)	16a. Decedent's Usuel Occu (Give kind of work done	pation during most of working d)	16b. Kind of Bus	6b. Kind of Business/Industry		
		Elementery/Secondery (0-12)	College (1-4or 5+) 2yrs.	Beauticia		Self Er	Self Employed		
		17. Father's Name (First, Middle, Last)			18. Mother's Neme (First, Middle	Neme (First, Middle, Meiden Sumeme)			
	10	Henry Pearl			Cathy Di	hy Dixon			
2 0 2		19e. Informent's Neme/Reletionship (7	ype, Print)	19b. Meiling Address (Stree	t end Number or Rural Route Num	ber, City or Town, S	State, Zip Code) 2121		
Fages 1 and 2 local of Health a nut. If hem 27 is ny or other trace		Corrine Pitts/ 20e. Method of Disposition Higherial 2 □ Cremetion 3 □	20b. P	1100 Penns lece of Disposition (Neme of emetery, cremetory or other ple	sylvania Ave.		15 BAIto.MD City or Town, Stete		
ant: If		4 Donetion 5 Other (Specify	Hemovel from State	dar Hill Cer		Glen Bu	arnie, MD		
pont y inj		21. Signature of Funerel Servica Licen		22. Name end Addr	ess of Fecility				
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		23a Part. Enter the disease, or companies, or heart feilure. List only	ollications that caused the deeth				Approximete Intervel Between		
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an an riel-tr		Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying	240 (0)	es e consequence or).					
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the att		Pert II. Other significant conditions co	ntributing to deeth but not resu	iting In the underlying cause gi	ven In Pert I. 23b. Did	d tobacco use cont	ributs to the cause of death?		
or Attending thysical. The law requires the threater ather this certificate has been signed in by the funeral director, page 2 should be d		Dinbeles Mi	ellitus		10	Yss 2 No	3 Probably 4 Unknow		
		(Imronic re	enal frilu,	re	24e. We	s an eutopsy formed?	24b. Were eutopsy findings aveilable prior to completion of cause of death?		
					1□	Yes 2 No	1 ☐ Yes 2 ☐ No		
		25. Wes case referred to medical exeminer?			26. Plece of Deeth (Check only	one)			
	2	1 ☐ Yes 2 No	Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28a. Dete of Injury 28b. Time of 28c. Injury et 28d. Describe how injury occurred						
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	ertiflo	3 Suicide 6 Could not be 4 Homicide determined	28e. Plece of Injury - At hos building, etc. (Specify,	28f. Location (Straet end Number or Rurel Route Number, City or Town, State)					
within 24 hours a To the Funeral occupately tilled	edicai C	29a. Certifier (Check only one) Certifying Phy 2 Medical Exam	sician: To the best of my know iner: On the basis of examineti and menner steted.	vledge, death occurred et the ti ion end/or investigetion, in my	me, dete end plece, end due to the opinion, deeth occurred et the time	e ceuse(s) and man e, dete end pleca, er	ner es steted. nd due to the cause(s)		
within To the comple	¥ E	29b. Signature and title of certifier	16.A A	29c. Licen	_ /		(Month, Dey, Year)		
1 = 8		· CUKEAR	ney MID	D	27860 tiNGAN BIND				
4	-	30. Name and address of person who o	-) _ /		

State Registrar

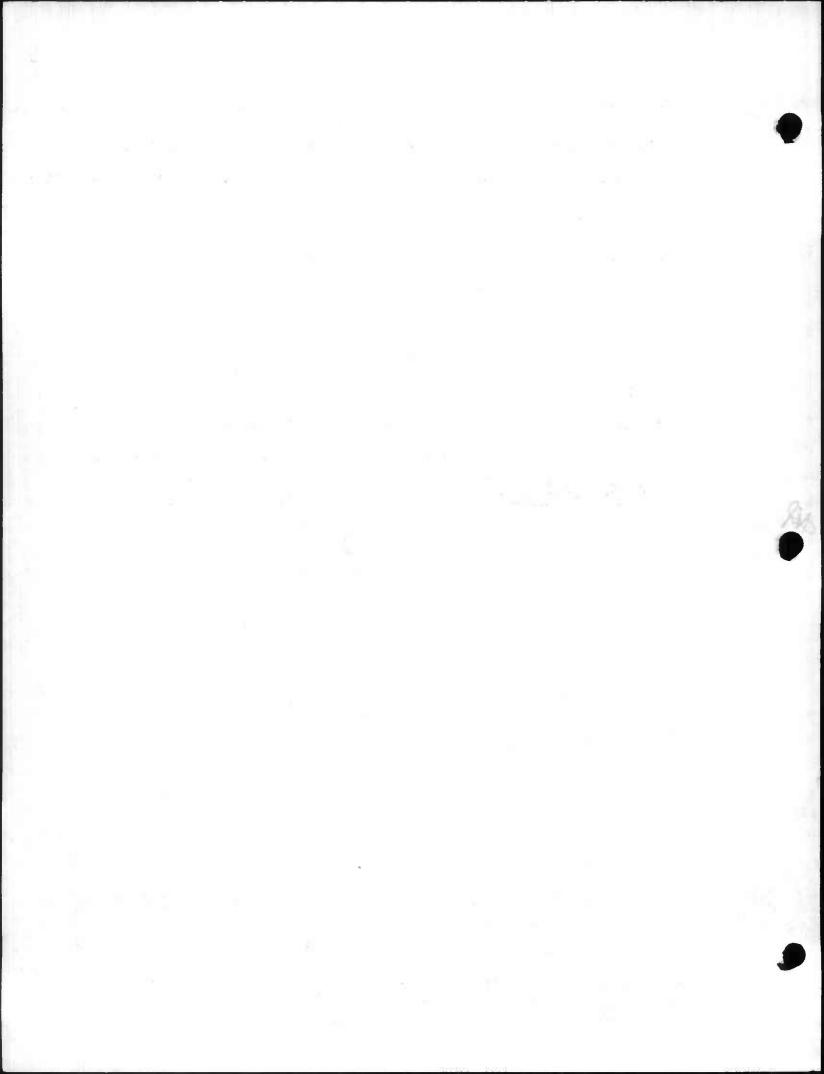


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State of Maryland / Department of Health and Mental Hygiene

			Certificate of Death Reg. No.													
			1. Decedent's Ne	ma (First, Middle, La	ist)					2. Dete of D	eath		3. Time of Death			
	Physic /Medi		Rose (Cowman						Month Feb.	22. 199	Year 7	8:33 AM			
3	Exami		4e. Fecility Nema	(If not institution, given	a street and number	er)			4b. City, Town	, or Location of Dea		ty of Deeth	וא כנייט			
			Sunrise	of Towson	Asst. L	iving Ce	nter		Towson		Ba1	timor	e			
	_c Funeral		5. Sociel Security	Number 6.	Sex 7.	Age (In yrs. lest b		If Undar 1 Yea Months Dey:	r If Undar 24		irth New Year		place (Stata or Foreign			
	Director		218-22-	-2290	1□ M ¾XF	84	Yrs.	WORKITS Dey:	s Hours		, 1913					
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	anyla shon	<u>_</u>		10b. County		10c. City, To						1	10d. Insida City Limits			
	Me M	octo	MD	Baltimo	ore	7925	York	Rd., T	owson,M	D 21204	21204 1 Yes 2 No					
	it of	Director	10e. Street and N	umber				10f. Zip Code			10g. Citizan o	Whet Cour	ntry?			
	ath v	Funeral		ork Road					204		USA					
	er de	un	11. Maritel Status		12. Was Decede Armed Forca	\$7	13. W	es Dacedant of Yas, specify Cu	Hispenic Orlgin ban, Mexican, F	n? (Specify Yas or N Puarto Rican, etc.)	r No- 14. Race - American Indien, Bleck, White, etc.					
20	72 hours efter death with the Maryland netural; or items 23s or 28s-f show often Examiner must be notified at	by F		rrlad 2 Married 4 Divorced	1 ☐ Yes 😓 [X No	1	☐ Yes 2 No	Spacity:		Specify: White					
Maryland 21215-0020	natural',	P	XWidowed		Yeer or Date		Doorde	antia Havai Ossa	mation		16b. Kind of Business/Industry					
15	9	Completed		15. Decedent's E	ede compieted)		(Give k	ent's Usual Occu ind of work don O NOT use retir	e during most o	f working	160. Kind of	business/in	dustry			
212	filed within Hygiene. ther than "r ent, the Med	Juc	Elementery/Sec	condery (0-12)	College (1-4c	or 5+)			00)							
D	Hyge H	C	17. Fether's Neme	(First, Middle, Last)		Hom	emaker	18. Mother's	Neme (First, Middle	e. Maiden Surna	r HOm	e			
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ary	2 should be end Menta is marked aumatic a	-		Name/Reletionship (Type, Print)	19	b. Meiling	Address /Stree			enora Jacob furel Route Number, City or Town, State, Zip Code)					
	OI O		George W	lilbur Cow	man - So						Monkton, MD 21111					
ē,	of Health Item 27		20a. Method of Di			20b. Pieca	of Dispos	ition (Neme of etory or other pl		Dete						
Baltimore,	permit. Peges Department of I Important: If ite any injury or of			© Cremetion 3 ☐ 5 ☐ Other (Specif		eb.22.199	22,1997 Catonsville, MD									
	artm ortar Injur															
ä	Depa Impo any i		21. Signature of Funeral Sarvice Licensee 22. Name end Addrass of Facility Lemmon Funeral HOme 10 W. Padonia Rd., Timonium, MD 21093													
			Victor Lengrand JR. 10 W. Padonia Rd., Timonium, MD 21093 23a. Peril. Enter tha disease, or complications thet caused the death. Do not anter the mode of dying, such es cardiac or raspiratory errest, shock, or haart failure. List only ona cause on each line. Approximeta interval Between													
	Dhucialan		shock, or ha	art failure. List only	ona cause on each	line.	not anter	ine mode or dy	mig, such es ca	rdiac or raspiratory	errest,	/-	interval Between Onset and Deeth			
	Physician /Medicai		nset and I													
7	Examiner		immediate Cause (Fine) disease or condition resulting in deeth) e. Jete Myo cadial white firm immediate Due to (or es a consequence of):													
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68760,	entificate be executed ding physician end se es the buriel-transit	Medical	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death User. Due to (or es e consequence of):													
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. Bo	deeth c	Physician	Pert II. Other sign	ificant conditions o	ontributing to death	but not resulting	in the unc	tariving cause o	iven in Pert I	23h Dio	I tobacco use c	ontribute to	the cause of death?			
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vision o	of the	Hice	3 Suicide	6 Could not be determined	286. PIECE OF I	njury - At home, f	arm, stree	et, fectory, office) -	28f. Location	(Street and Num	ber or Rura	al Route Number,			
á	9 40 5	Certification:	4 Homicide		building,	etc. (Specify)				City or To	iwn, Stete)					
P	T But		29a. Certifiar	1 Certifying Ph	ysician: To the bes	t of my knowledg	e, deeth o	occurred et the t	ime, dete end p	liece, end due to the	ceuse(s) end n	nenner es s	teted.			
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-	Tomo	×								29d. Deta sign						
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-	V	-	30. Name and address of person who completed cause of death (Item 23a) (Type, Print)								V		, ,			
				Adams M.D					te 206	Towson,	MD 2120	14				
	Sta	te	31. Dete filed (Mor	nth, Dey, Year)	9 a. 38 Regis	trar's Annual	2	Dul	2009	TOWBOIL,	2120	-7				
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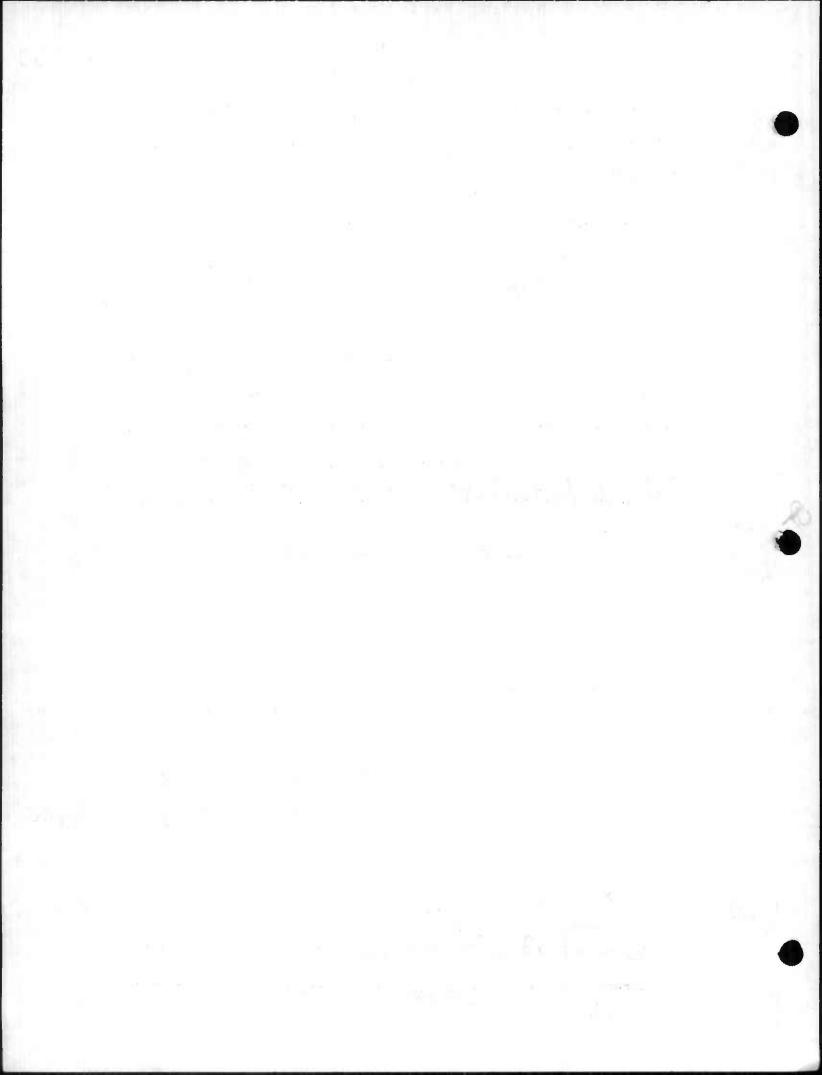
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 97 05380

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72 hours after death with the Maryland natural; or items 23a or 28a-f show pical Examiner must be notified at		10a. Stata 10b. County		10c. City, Town	or Location					11	0d. Inside City Limit:			
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9 40 40	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Inju-	ury - At home, fam	n, streat, factory, of	fice	- 1	28f. Location (City or To	Street and Numb	er or Rurai	Route Number,			
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K13	8	one) 21 Medical Exam	and mannar sta	axamination and/	or invastigation, in i	my opinion, das	ath occurre	ed et the time,	deta and place,	and due to	the cause(s)			
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			1.		D28812			2/25/97						
		30. Name and address of person who	30. Name and addrass of person who complated causa of death (Itam 23a) (Type, Print)											
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Sta		30. Name and addrass of person who Vincent DiPie 31. Date filed (Month, Day, Year)			ype, Print) ork Rd.,	Suite 1	102,	Towson	, MD 212	04				
welling our To up our To u	Medical C	one) 2 Medical Exam	and mannar ste	axamination and/	29c. Li	ny opinion, dai cansa number	nd placa, a ath occurre	and due to the	deta and place, 29d. Deta signe	and due to d (Month, L	the			

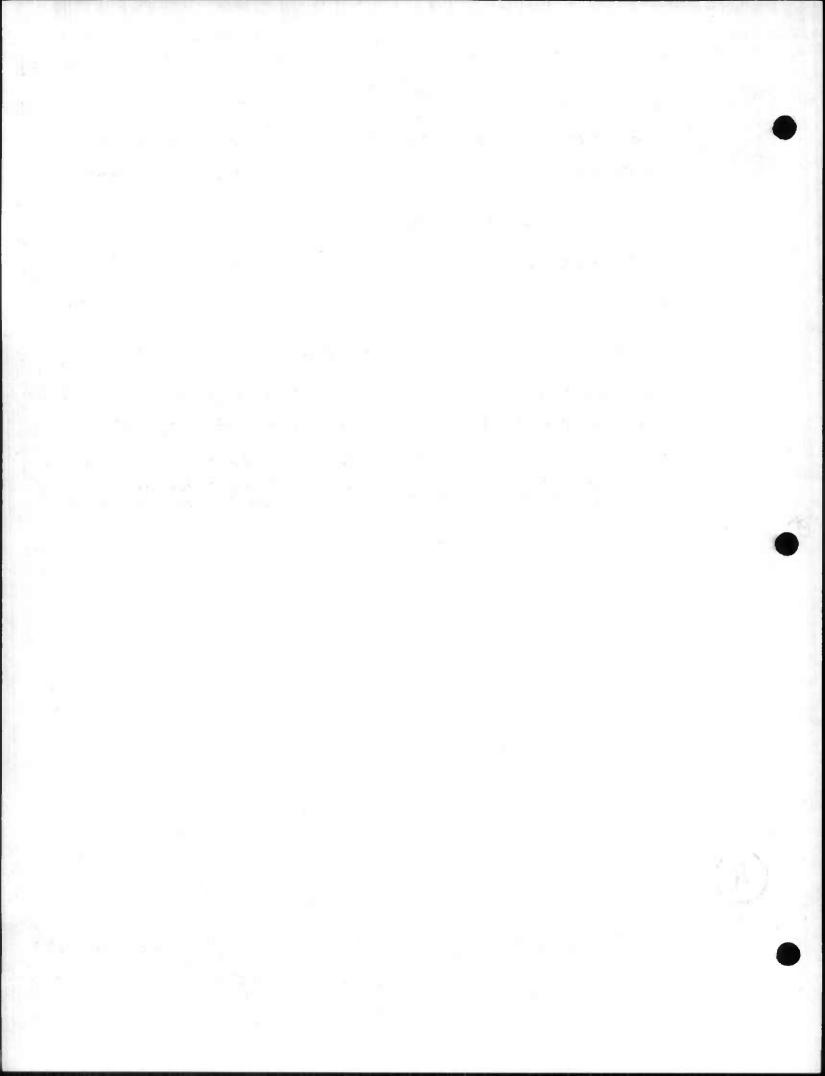
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 05381 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Deta of Death 3. Time of Death Month **Physician** Helen I. Conway February 9:35 A.M. 22, 1997 /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Genesis Nursing Home Severna Park Severna Park Anne Arundel CO. 8. Data of Birth (Month, Dey, Year) Dec. 3, 1906 If Under 1 Yaar If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 M 2 K 218-01-0682 90 Director Maryland Usual Residence of Decedent the Maryland 10b. County 10a State 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 ☐ Yes 2 ☐ No Director Anne Arundel CO. Pasadena 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? filed within 72 hours after deeth with 21122 U.S.A. Funeral 8306 Laicoct Court 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yes 2 ②No If Yas, Give Year or Dates: 11 Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 A No Specify: by 3 ☑ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) Housewife i. Pages 1 and 2 should be filed w tment of Heelth end Mentel Hygies tant: if item 27 is marked other ti ijury or other traumatic event, in Home 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Elmer Lugenbeel Daisy (Unknown) umber or Aural Houte Number, City or Town, Stete, Zip Code) 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Numbe Charlotte Gardner (Neice) 8306 Laicoct Court Pasadena, MD. 21122 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Slate 20a. Method of Disposition Burial 2 Cremation 3 Ramoval from State permit. Page Department o Important: If any Injury or Loudon Park Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 2/26/97 Baltimore, Maryland 21. Signatura of Funeral Service Lice 22. Name and Address of Facility
MCCully Funeral Home of Pasadena 3204 Mountain Road Pasadena, Maryland 21122 Part1. Enter the disaasa, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween Onset and Deeth **Physician** /Medical Immediete Cause (Final 2 YGARS AMTERIOSCIENOTIE CANDIOVASCULAR disease or condition resulting in death) Examiner DISGASA Examiner law requires that the death certificete be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Undarlying Ceuse (Disease or Injury that initiated events rasulting in death) Last pue Due to (or es a consequence of): physician s the buriel Physician/Medical Due to (or as e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. been signed by the should be detached 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 9thknown GANGRENE 04 LEG Records, þ PEMPHEROL VASCULAR 24b. Were autopsy findings evallable prior to completion of causa of deeth? Completed 24a. Was an eutopsy performed? 1 ☐ Yes 2 ☐ No 1 Yes 2 10 No Division of Vital Be 25. Wes cese referred to medicel examinar? 26. Place of Death (Check only one) Other: A Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2€ No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 27. Manner of Death 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Natural 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 1 Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical To the within 2 To the 29b. Signatura end title of certifier 29c. License number 29d. Data signed (Month, Day, Year) 2 Mudis 21776 FERWARY 24 30. Neme and address of person who completed ceuse of death (Item 23a) (Type, Print) PATAPICO AV SACTIMORIA 21225 MUNDRA NO 203 B 32 Registras Signature Rendell

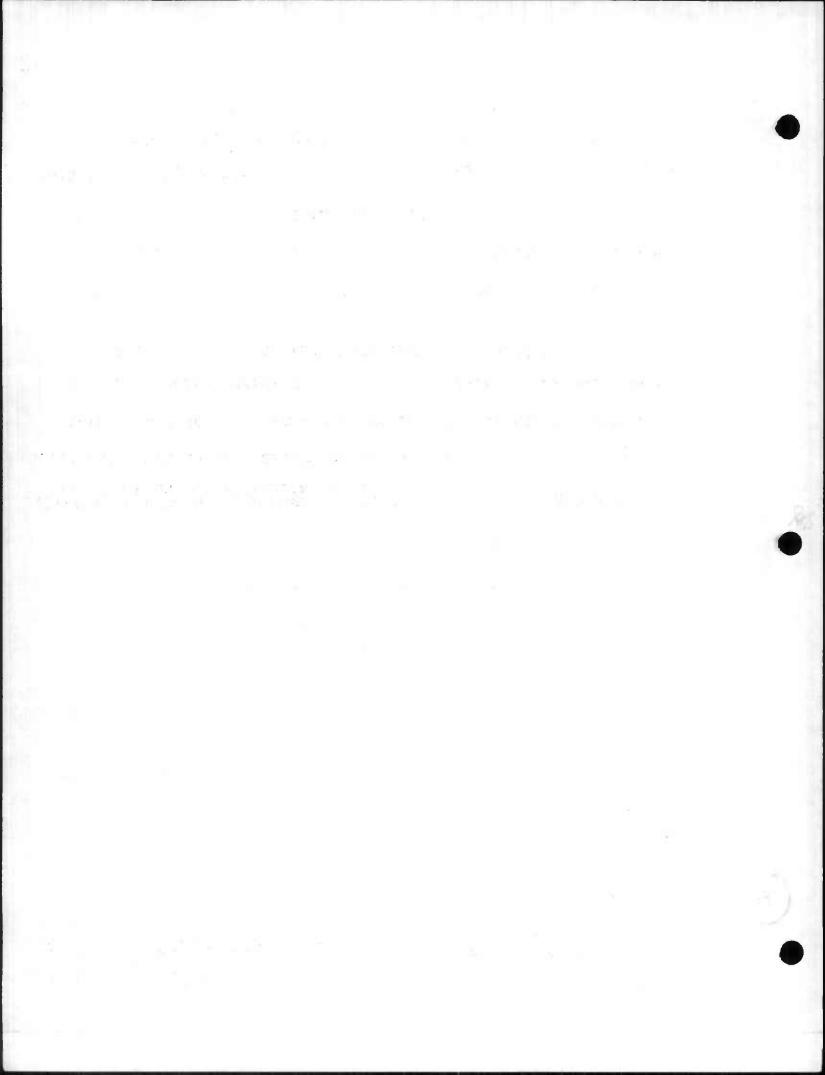
State Registrar



State of Maryland / Department of Health and Mental Hygiene

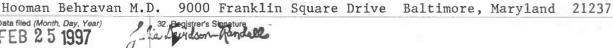
05382 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Dey **Physician** Crowder February 23 7:00 a.m. /Medical City, Town, or Location of Deeth 4c. County of Deeth 4e. Fecility Neme (If not institution, give street and pumber) Examiner Battimore HOOKINS Ohns If Under 1 Year | If Under 24 Hrs. 5. Sociel Security Number 6 Sex Age (In yrs. last birthdey) Date of Birth (Month, Dey, Yeer) Birthplece (Stete or Foreign Country) **Funeral** Deys Min XXM 2 F 579-70-0802 47 Yrs. Director 01-20-1950 WASH., D.C. Usuel Residence of Decedent 10e Stete 10h County 10c. Cltv. Town or Location 10d. Inside City Limits 28a-f show Examiner must be notified at MD. N/A BALTIMORE CITY XXYes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3900 BEECH AVENUE 21211 U.S.A. items 23a daath Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes TON'o If Yes, Give Yeer or Dates: 14. Reca - American Indian. 11 Maritel Stetus Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Bleck, White, etc. filed within 72 hours aftar 1 Never Married XXX Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes XXNo Specify. WHITE by 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) nd Mental Hygiane. marked other than Elementary/Secondery (0-12) College (1-4or 5+) **EPISCOLAL** PRIEST RELIGION **PLUS** permit. Pagas 1 and 2 should be file Department of Haalth end Mental Hy Important: If frem 27 is marked other any Injury or other traumatic svent ones. 17 Fether's Neme (First Middle Last) 18. Mother's Name (First, Middle, Maiden Surname) **EDWARD** TOMLIN CROWDER MILDRED **ESTHER** PEACOCK 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) GRACE ANNE CROWDER (WIFE) 3900 BEECH AVENUE, BALTIMORE, MD., 21211 20b. Plece of Disposition (Neme of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete GREEN MOUNT CREMATORY 2-24-97 BALTO., MD., 21202 21. Signeture of Funerel Service Licensee 22. Name end Address of Facility HENRY W.JENKINS AND SONS COMPANY 4905 YORK ROAD, BALTIMORE, MARYLAND, 21212 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximete Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Finel diseese or condition resulting In death) Examiner Examiner Eso be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in deeth) Lest pue Box 68760, Physiclan/Medical tha 88 attending | The law requires that the death P.O. ed by tha a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 □ Probably 4 Unknown 1 ☐ Yes 2 ☐ No signed b Records. þ 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? ate has 1 | Yes 2 2 No 1 Yes 22 No vision of Vital Be 25. Wes case referred to medical exeminer? 26. Place of Death (Check only one) 2 No Hospital: 1 patient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes this 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Aftar Attending 1 Natural 2 Accident 5 Pending Investigation death. 1 ☐ Yes 2 ☐ No ector: / 3 ☐ Suicide 6 Could not be determined Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide edical (29a. Certifier Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. (Check only one) 29b. Signeture and title of certifier 29d. Dete signed (Month, Dey, Year) 29c. License number 5 30. Neme and address of person who comp 600 Register's Signature
Laurdson-Randalla 31. Date State Registrar



				State of M	State of Maryland / Department of Health and Mental Hygiene 97 0538									
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Г	Physic	an	Decedant's Nama (First, Middla, La	_					2, Data of Dea Month		Yaar	3. Time of Death		
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	Meryland and show	tor	10a. Stata 10b. County	imore	10c. C	ty, Town or Locs	ition	Essex			1	1 ☐ Yas 🛣 No		
	h with the 23a or 28	al Director	10e. Street and Number 58 Berkshire R	oad			10f. Zip Cod	2122		0g. Citizen of US		ntry?		
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Maryland 21215-0020	within 72 ene. than "ne	Completed	(Specify only highast gr. Eiamantary/Secondery (0-12) 12th	ada complated) Collega (1-4or	5+)	(Give ki lifa. Do	nd of work do NOT usa ra river	na during most of wo tired)	rking			epartment		
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rylan	d Mental	To Be	Robert Corbi		MAry Shade 19b. Mailing Addrass (Street and Number or Rural Routs Number, City or Town, Stets, Zip Cods)									
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de l'an	Healt Healt Am 2 Ther		Elsa Corbin /	wire	20b.			hire Road	Baltimo					
Baltimore,	permit. Pages 1 and 2 should Department of Health and Men Important: if Item 27 is marke any injury or other traumatic: QDCs.		20a. Mathod of Disposition 1 Burial 2 Cramation 3 Ramoval from Stata 4 Donetion 5 Other (Specify) 20b. Piace of Disposition (Name of cematery, cramatory or other place) Oak Lawn Cemetery 2/26/97 21. Signatura of Funarai Sarvice Licansaa 22. Nama and Addrass of Fecility											
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VItal	an: rtifica stor, r	BeC	25. Was casa rafarred to medical					26. Place of De	ath (Check only or	na)	1			
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State Registrar 31. Data filed (Month, Day, Year) FEB 2 5 1997



30. Nama and addrass of person who complated causa of daath (Item 23e) (Type, Print)

State of Maryland / Department of Health and Mental Hygiene 05384 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death FEBRUARY 20, 97 COHEN **Physician** -ANNIE 0300 /Medical 4a. Facility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** RANDALLSTOWN BALTIMORE NORTH WEST HOUPITAL CENTER 7. Aga (In yrs. lest birthday) If Undar 1 Yaar If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) AUG. 14, 1914 5. Social Security Number 9. Birthpiaca (Steta or Foreign **Funeral** 1□M 2XF MARYLAND Director 216-10-8727 Usual Residence of Decedent the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits Item 27 is marked other than "natural", or farms 23a or 28a-f shor other traumstic avent, the Medical Examiner must be notified at BALTIMORE MD BALTIMORE 1□ Yas 2⊡No Director 10f. Zip Coda 21208 10e. Street and Number 10g. Citizen of What Country? 7920 SCOTTS LEVEL RD. USA Funerai 12. Was Decedent Evar in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-ff Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Biack, White, etc. 72 hours efter 1 □ Yas 2 □ **X**o If Yes, Give Year or Datas: 1 Nevar Marriad 2 Married Baltimore, Maryland 21215-0020 WHITE 1 ☐ Yes 2 ☐ X o Specify: þ 3 Widowed 4 □ Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest greds completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filled within 7 Department of Health and Mentel Hygiene. Important: if Item 27 Is marked other than "n any Injury or other traumatic avant, the Med Elementery/Secondary (0-12) Coilege (1-4or 5+) OWN HOME HOMEMAKER 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meidan Sumeme) FRANKLIN BESSIE UNAVAILABLE MAX 19a. fnforment's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Routa Number, City or Town, State, Zip Code) 16 KNIGHTS CT. REISTERSTOWN, MD 21136 BARRY COHEN (SON) 20b. Place of Disposition (Name of cemetary, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Ramovai from State 2/21/97 ROSEDALE, MD AGUDAS BNAI JACOB LODGE 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funarai Service Licans 22. SOL "LEVINSON" BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 23a. Pertf. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one causa on each line. Onset and Death **Physician** /Medical Immediate Ceuse (Final disease or condition rasulting in death) Examiner Due to (or as e consequence of): Examiner siclan and buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in daath) Last Due to (or as a consequence of): physician at the buriel Box 68760. Physician/Medical Dua to (or as a consequence of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably A Unknown by 8 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed should peed has 210 No certificate 1 ☐ Yes 1 Yes 2 No Division of Vital i or Attending Physician: effer death. Director: After this certific 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No ☐Inpatient 2☐ER/Outpatient 3☐ DOA funeral 28a. Date of Injury (Month, Day Year) 27. Manper of Death 28d. Describe how Injury occurred Certification: 28b. Time of 28c. Injury et Work? 1 ENatural 5 Pending 1 Yes 2 No Investigation 2 Accident 6 Could not be determined 3 ☐ Suicida 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) In by 4 Homicide Me Hospital Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a, Certifier To the Vithin 2 29b. Signature end titla of certifie 29c. Licensa number 29d. Data signed (Month, Day, Year)

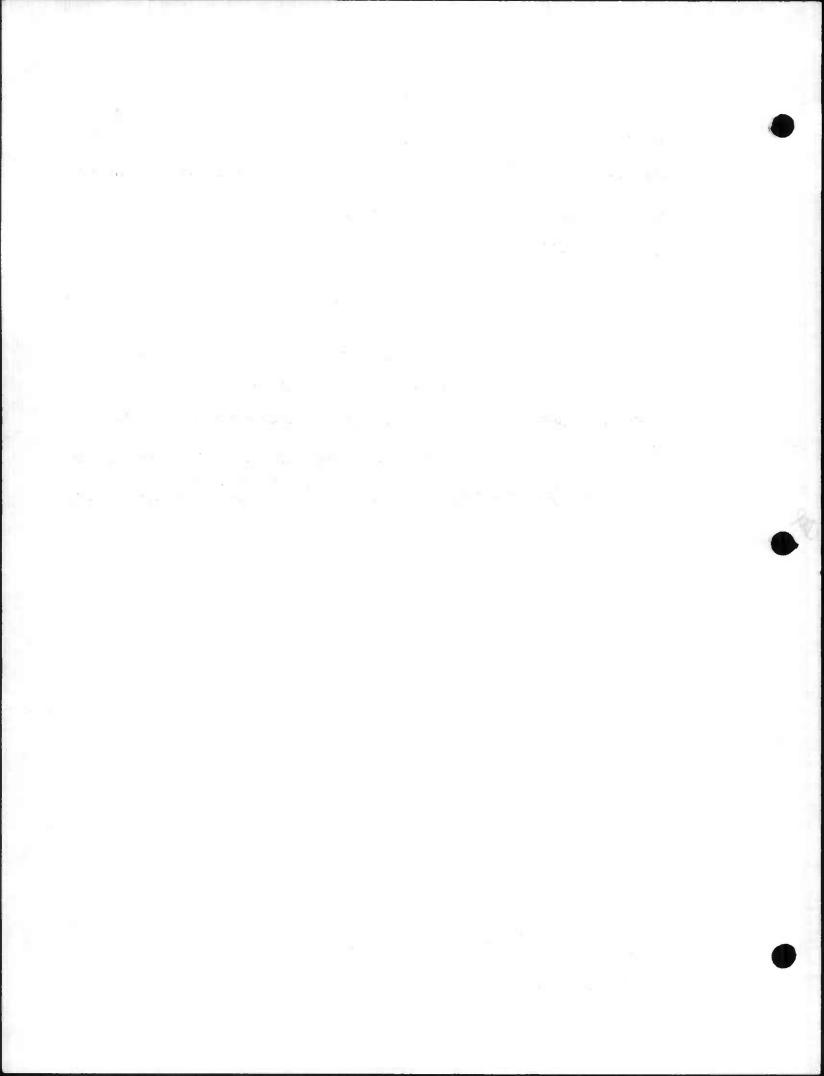
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State Registrar 31. Date tiled (Month, Dey, Year) FEB 2 5 1997

30. Name and address of person who completed cause of death (item 23a) (Type, Print)

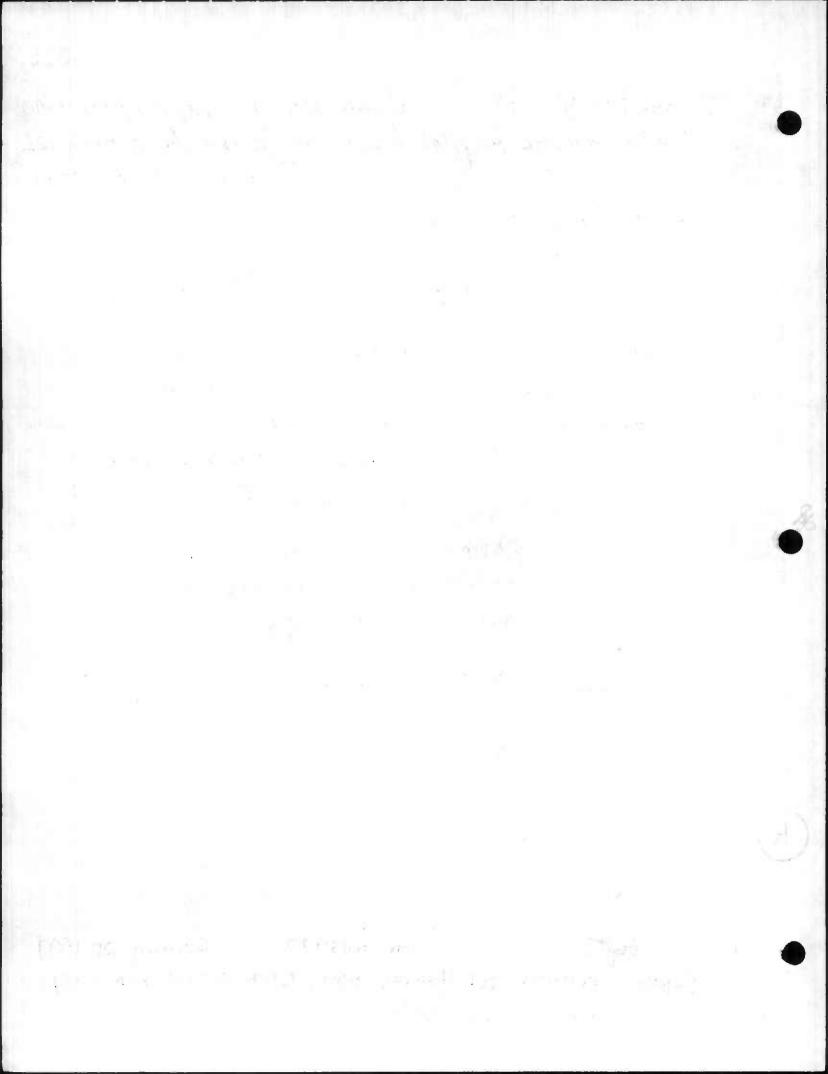
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State of Maryland / Department of Health and Mental Hygiene 97 05385

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i	Completed by Physician/Medical Examiner To Be Completed by Funeral Director	THEODORE 4e. Fecility Neme (If not institution, given and processed and	THEODORE 4e. Fecility Neme (If not institution, give street end number) 2133 GWYNN OAK AVENUE 5. Sociel Security Number 6. Sex 7. Age (In yrs. last 141-30-7906 XM M 2 F 57 Usuel Residence of Decedent 10e. Street end Number 10e. Street 10b. County 10c. City, To MARYLAND BALTIMORE 10e. Street end Number 7117 Manila Avenue 11. Marital Status 12 Warned Forces? 11 Yes 20 No 14	THEODORE 4e. Facility Name (If not institution, give street and number) 21.3.3 GWYNN OAK AVENUE 5. Social Security Number 6. Sex XM N 2 F 7. Age (In yrs. last birthday) 141-30-7906 Usual Residence of Decedent 10e. Street 10b. County 10c. City, Town or Location MARYLAND BALTIMORE 11. Warstel Status 11. Warstel Status 11. Never Married 20 Married 3 Widowed 4 Divorced 15. Decedent's Education (Specify) only highest greds completed) Elementery/Secondary (0-12) 17. Father's Name (First, Middle, Last) 19e. Informant's Name (First, Middle, Last) 19e. Informant's Name/Relationship (Type, Print) Myrna L. Daniels/Wife 20a. Method of Disposition 19 Buriel 2 Cremation 3 Removel from State 4 Donetion 5 Other (Specify) 21. Signeture of Funeral Service Licenses 22a. Pent Letter the disease, or complications that caused the death. Do not enter the mode of dyl mined the death of the death of the death. Do not enter the mode of dyl any ledding to immediate Cause (Fined disease or condition resulting in deeth) Lest 19 Pent II. Other significant conditions contributing to death but not resulting in the underlying cause gives the death of the underlying cause gives the underlying cause gives the underlying cause gives the underlying cause gives the underlying	THEODORE 4e. Fecility Name (if not institution, give street end number) 4e. Fecility Name (if not institution, give street end number) 4e. Fecility Name (if not institution, give street end number) 5. Sociel Security Number 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) 10c. City. Town or Location MARYLAND BALTIMORE 10e. Street end Number 10e. Street end Number 11. Meritel Status 11. Meritel Status 12. Wes Decedent Ever in U.S. 11. Meritel Status 12. Wes Decedent Feer in U.S. 11. Meritel Status 12. Wes Decedent Feer in U.S. 13. Wes Decedent of Haspenic Origin' (Sir Was, glocet) 11. Specify only highest grade completed) 12. Wes Decedent Sequence of Haspenic Origin' (Sir Was, glocet) 13. Decedents Education 14. Specify only highest grade completed) 15. Decedents Education 16. Sex Rev X 17. Fether's Name (First, Middle, Last) 17. Fether's Name (First, Middle, Last) 18. Indoment's Name/Fleatetonship (Type, Print) Myrna 19. Indoment's Name/Fleatetonship (Type, Print) Myrna 19. Indoment's Name/Fleatetonship (Type, Print) Myrna 10. Street end Number or Rich Mumber or Rich Mumber or Rich Number or Rich Mumber or Ri	THEODORE A Facility Name (if not institution, give streat and number) 2.1.3.3 GWYNN OAK AVENUE 3. Sociel Security Number 3. Sociel Security Number 4. Sociel Security Number 5. Sociel Security Number 6. Sex 7. Age (in yrs. last birthday) 1. Under 1 Year Wood1 awn Wood1 awn Wood1 awn Wood1 awn Wood1 awn 1. West Deader Streat and Number 7. Age (in yrs. last birthday) 1. Under 1 Year Wood1 awn Wood1	THEODORE THEODO

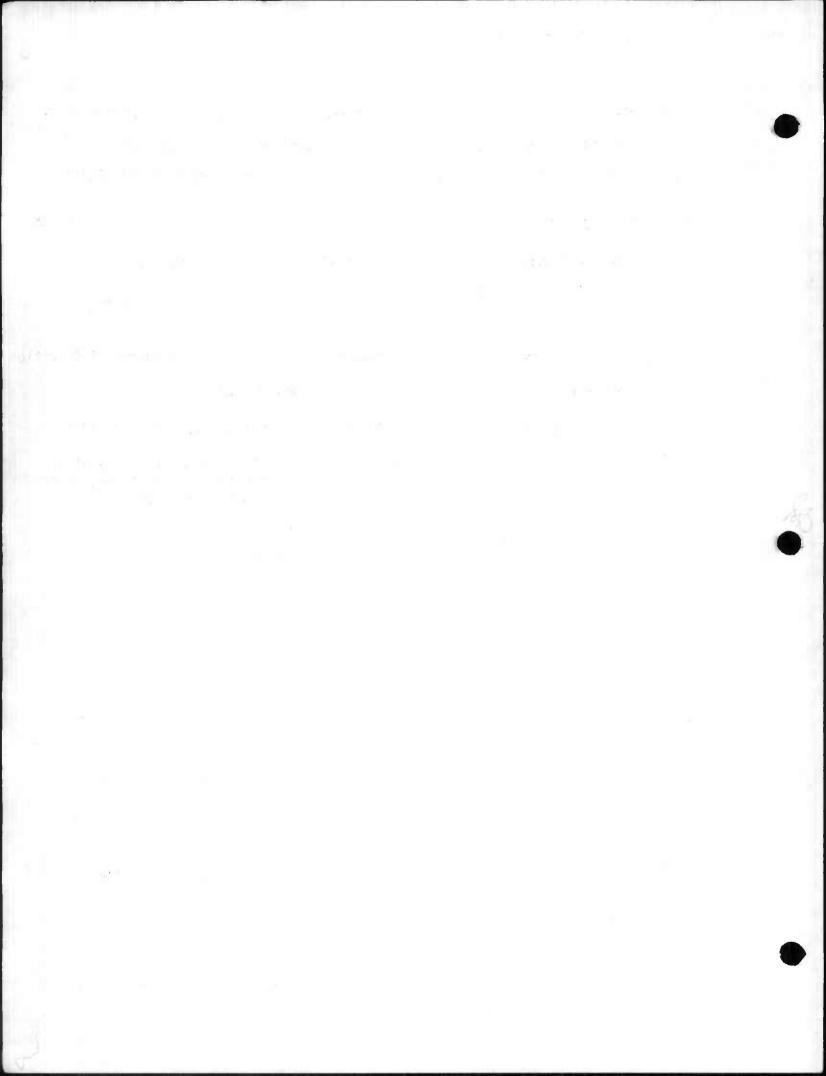
29b. Signeture end title of certifier

29c. License number OCME

29d. Dete signed (Month, Day, Year) FEBRUARY 19, 1997

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene

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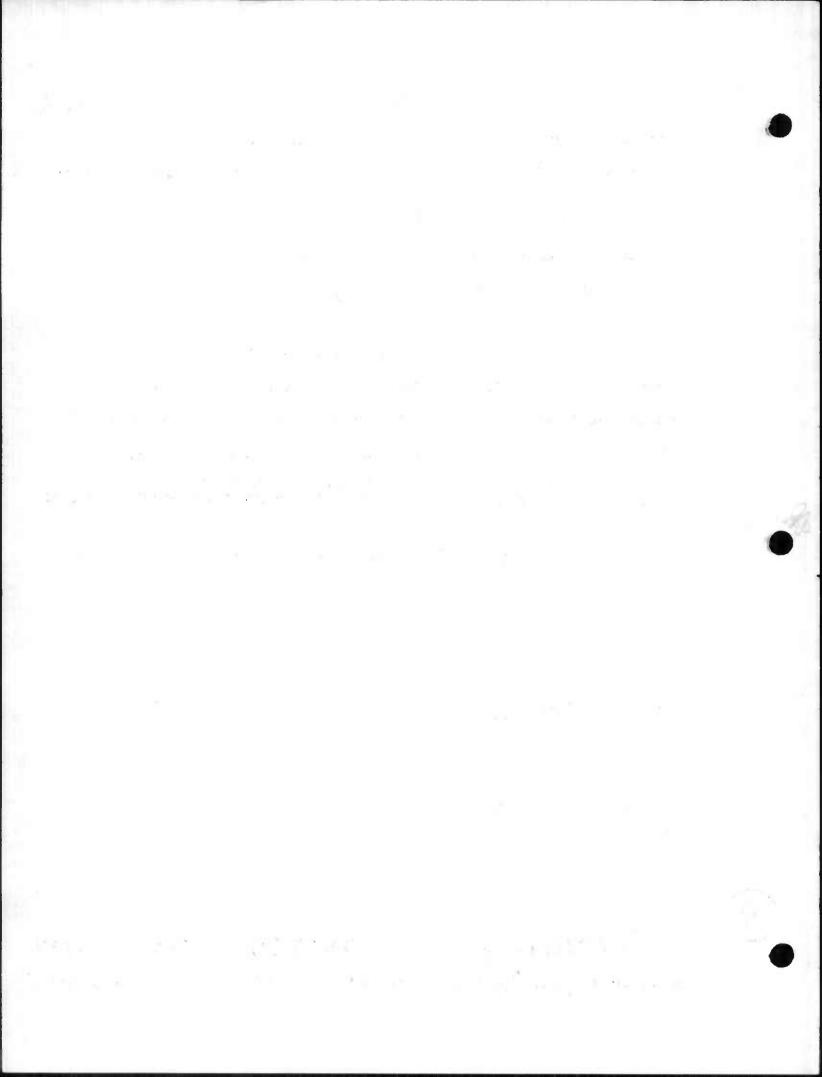
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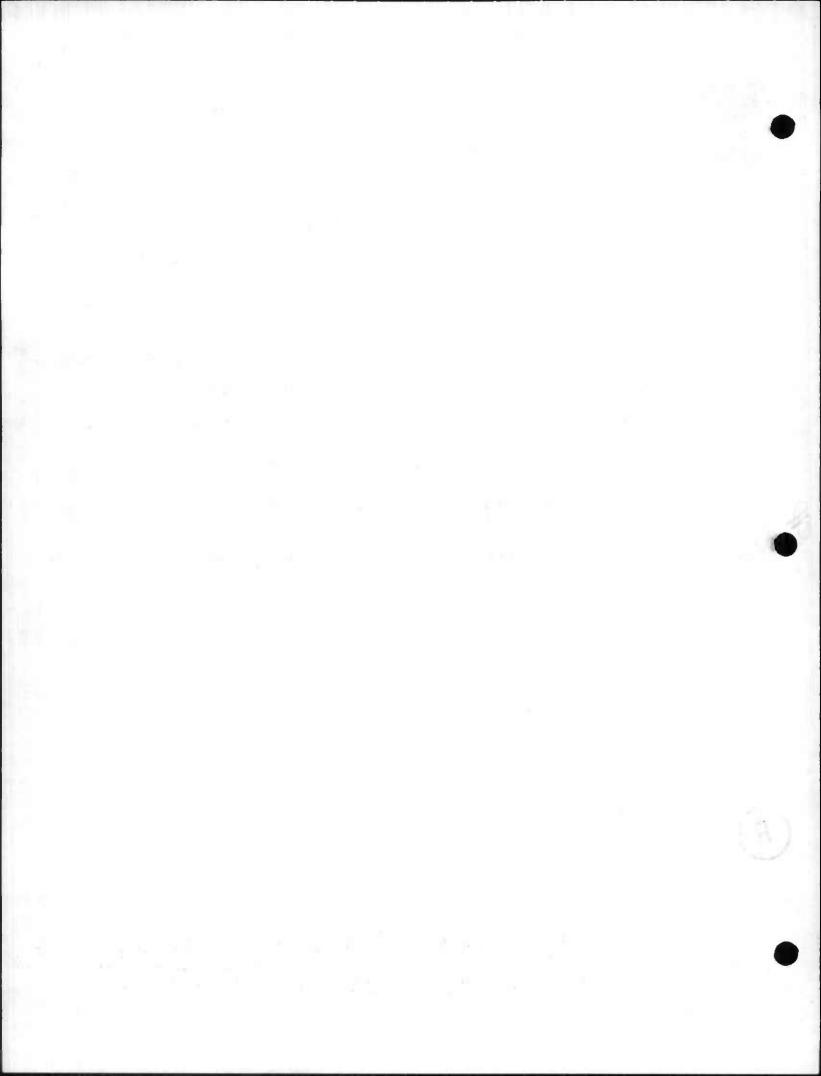
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Montebales of person who completed report of death (Herm 23e) (Type Print)	1	2 4 6			and man	valou.		29c. Lic	ansa number	T	29d. Data signe	d (Month, I	Day, Year)	
30. Name and address of person who completed cause of death (Item 23e) (Type Print)	,	0		My mon	1 1 km 0-			D	4575	5	FIER	71	1097	
		0		30, Nama and addrass of person v	vho complated care	of death (Item	n 23a) (Tyne	Print)	1/13	-	100	-1	111/	

State Registrar



State of Maryland / Department of Health and Mental Hygiene 97 05389

					C	ertifica	te of Death		Reg. No.	1 00000						
	D 1 1	111	Decedant's Name (First, Middle, Las.)	11111			2. Data of De	eath	3. Time of Death						
	Physic /Medi		ERNEST	DABNEY	, s	R.		FEB.	22. 199	Year 7 1:55PM						
	Examir		4a. Facility Name (If not institution, give	street and number)			4b. City, Tov	vn, or Location of Deat								
			2740 E. PRESTO					IMORE CI	TY	N/A						
	Funeral		5. Social Security Number 6. Se	M 2□F	In yrs. last birthd	Months	Pr 1 Year If Under 2	Min. (Month, Di	ay, Year)	Birthplace (State or Foreig Country)						
	Director			6	9 "	•		APR.	27,1921	VIRGINIA						
	nand ow		10a. State 10b. County	1	Oc. City, Town or	Location			10d. Inside City Lin							
	with the Maryland a or 28a-f show be not (ed at	to	MARYLAND N/A	_	DA	тттмо	RE CITY		1 Yes 2 N							
	r 28s	Director	10e. Street and Number	1	DA.		p Code		10g. Citizan of	What Country?						
	th wit		2740 E. PRESTO	N STREET		2	1213		U.S.A.							
	dea	Funeral	11. Marital Status	12. Was Decedent Eve Armed Forces?	er in U,S. 1	3. Was Dece	edent of Hispanic Orlo	nn? (Specify Yes or No.) Puerto Rican, etc.)	0- 14. Rac	e - American Indian, ck, Whita, etc.						
21215-0020	n 72 hours after death with the Maryland "natural", or frema 23a or 28a-f show pulical Examinet must be notified at	by	1 Never Married 2 Married Nover Married 2 Married Nover Married 2 Divorced	1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:		1 ☐ Yes		, i dello moall, etc.,		BLACK						
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ē,	es 1 and 2 of Health a f Itam 27 la		20a. Method of Disposition		Date DAL											
			1 Surial 2 □ Cremation 3 □ Removal from State cemetery, cramatory or other place)													
	- 독특류			Signature of Funaral Sarvice Licensee 22. Name and Address of Facility												
ñ	Depe Impo any li		CALVIN B. SCRUGGS FUNERAL HOME													
	_		23a. Part1. Enter the disease, or comp	a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each lina. Approximate interval Betw.												
	Physician	0	shock, or heart failure. List only o	ne cause ón each lina.					,	Interval Between Onset and Death						
	/Medical		immediate Cause (Final disease or condition	nicl.	4	C.	1 1 2 6			u.						
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	rificate be executed ng physician and set the burial-transit	Examiner	Sequentielly list conditions,													
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<u>ra</u>			25. Was case referred to medical				26 Place	of Death (Check only		1 105 280 (40						
>	110	To Be	examiner? 1 Yes 2 No	lospital:	2 ☐ ER/Outpa	tient 3 D	044	sing Home 5 Res		er (Specify)						
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Š	10年10日	Cer	, E , i a ,	building, etc. [орвену)			Ony or vo	mi, oluloj							
	Hospital 24 hours a Funeral rask filled	edical	29a. Certifier (Check only 2 Medical Exami	aician: To the best of n	ny knowladge, da	ath occurred	at the time, date and	place, and due to the	causa(s) and ma	anner as stated. and dua to tha causa(s)						
	2525		one)	and manner stated	d.											
	To Main	Σ	29b. Signature and title of certifier	m 0 0	6 D		c. License number			d (Month, Day, Year)						
			band //	- /10, 1	n U		KESOO	>	tehrna	ry 24, 1997						
	6		30. Name and address of person who co	empleted causa of daat	h (itam 23a) (Typ	oe, Print)	0	600 North	wolfe !	ry 24, 1997 Theet land						
	,		Dr. Dervid Syme. 31. Date filed (Month, Day, Year)	Johns It	Spriks (10000	sy tenter	Re I HM . W	Mary	land						
	Sta	ite	FFR 9 5 1007	32 Registrar's	Signature											



State of Maryland / Department of Health and Mental Hygiene

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Funeral Director		5. Sociel Security Number 6. Se 215-09-6148 Usuel Residence of Decedent	7. Age	e (In yrs. lest bin 85	Yrs. If Und Month	er 1 Year Deys		8. Dete of Bir (Month, De Nov - 3	1911	9. Birthp Cour Mary	plece (Stete or Foreign office) Yland
MOI II		10e. Stete 10b. County		10c. City, Town	or Location					1	0d. Inside City Limits
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or 28	Directo	10e. Street end Number			10f. Z	ip Code			10g. Citizen of V	Vhet Cour	ntry?
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od other than "natural", or items 23s or 28s-4 show event, the Medical Examiner must be notified at	by Funeral	11. Maritei Stetus 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent I Armed Forces? 1 Yes 2 If Yes, Give Year or Dates:		13. Wes Dec If Yes, sp	ecify Cub	Hispenic Origin? (Spen, Mexican, Puerto Specify:	pecify Yes or No o Rican, etc.)		k, White,	ean Indien, etc. hite
Medical	Completed	15. Decedent's Edu (Specify only highest gred	cation e completed) College (1-4or 5		Decedent's Us (Give kind of w life. DO NOT	ual Occu rork done use retire	pation during most of work	king	18b. Kind of Busines		
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other		20e. Method of Disposition		20b. Place of	Disposition (N	eme of		Dete Dete	20c. Location -		
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Important: If any Injury or once.		· Mala I (1	(1)	-6	W. Da	bro	wski/Cho dalk Ave	ojnacki	F.H.	P.A.	21224
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d in Di	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Injubuilding, etc.	ry - At home, fer (Specify)	m, street, facto	ry, office		28f. Location (S City or Tox	Street end Numb vn, Stete)	er or Rura	al Route Number,
Funer stely III	edical	29e. Certifier (Check only one) 1 Cartifying Physical Cartifying Check only one)	elcian: To the best of er: On the basis of and manner ste	f my knowledge, examination end led.	deeth occurred Vor Investigation	d et the ti	me, dete end plece, opinion, deeth occur	end due to the red et the time,	cause(s) end me dete end piece, o	enner es si end due to	teted. the cause(s)
	Me	29b. Signature and title of certifility)		2		se number		29d. Dete signed		
		MS-2	4			0.0	C.M.E		FEB.	21,	1997
12	-	30. Neme and address of person who og	inpleted cause of de	eth (Item 23e) (Type, Print)						

State Registrar

12

Ann Dixon M.D. 31. Dete filed (Month, Dey, Year)

FEB 25 1997

32. Registrer's Signeture

111 Penn Street, Baltimore, Maryland 21201

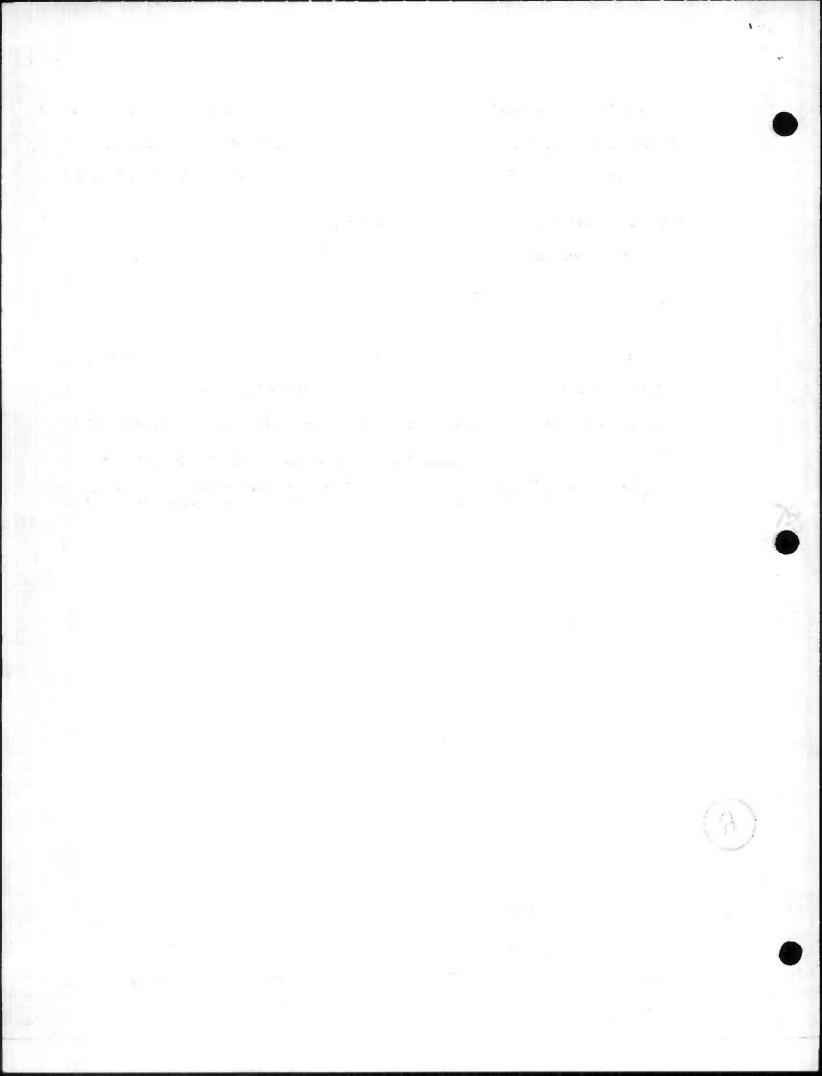
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State of Maryland / Department of Health and Mental Hygiene

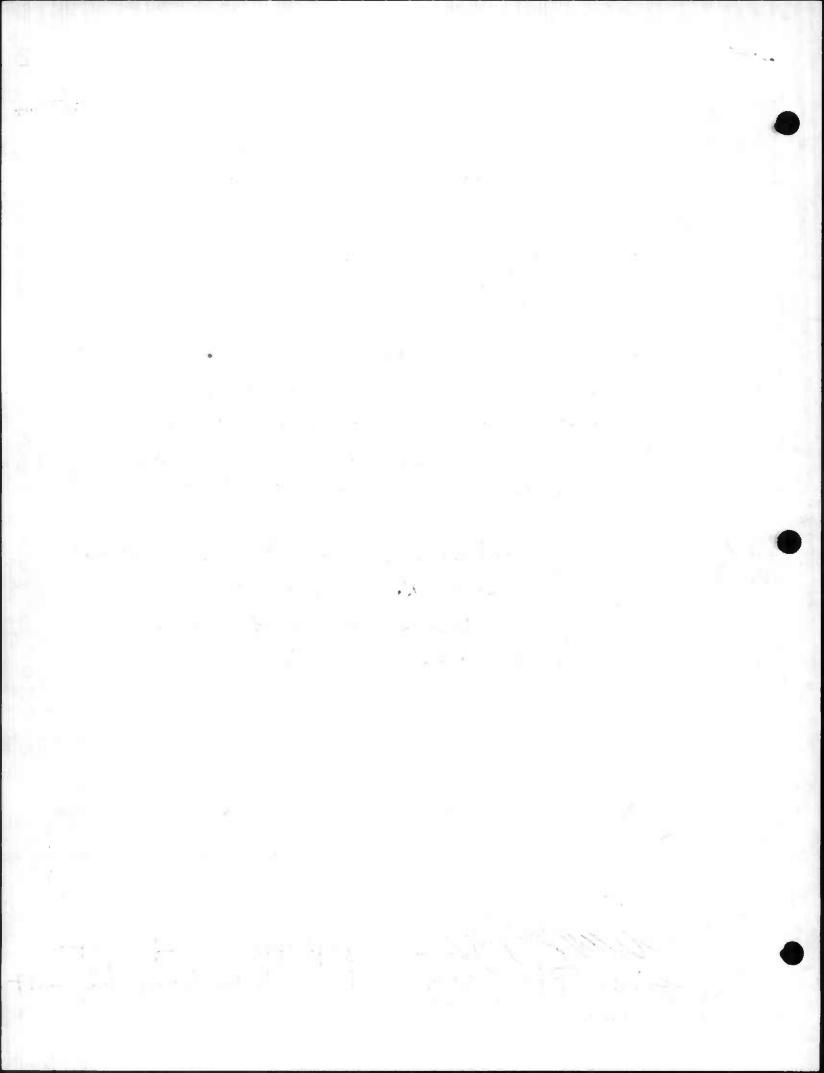
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	Exami		4a. Fecility Nama (If not institution, gi	va streat and num	ber)			i	4b. City, Town, o			4c. County					
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	Funeral Director			Sax 7 1□M 2対F	7. Aga (In yrs 96	: last birthday) Yrs.	ff Und Month	ler 1 Yaar s Days			Birth Day, Ye	900	9. Birthp Cour Mary	oiaca (Stata or Fo otry) 7 Land	oraign		
	land w		10a. Stata 10b. County	<u> </u>	10c. C	ity, Town or Lo	cetion		-,				1	IOd. fnsida City L	lmits		
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	r 28a	Director	10e. Street end Number	010		Randa		ip Coda			10g.	Citizan of	What Cour	ntry?	-		
	h wit	a D	5412 Old Court	Rd.				211	33			US	A				
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Maryland	Mental Mental arked or artic eve	To	Harry Gillespi	e					Isabel	le Hard	ly						
an	d 2 should th end Men 7 is marke traumatic		19a. Informant's Name/Ralationship			19b. Maiiir	ng Addra	ss (Straai	t and Number or I			ity or Town	, Stata, Zip	Coda)			
	27 and		Rosalie Cheuvron	t (Dau	ghter)	6611	Win	dsor	Mill Rd	. Bal	time	ore,	MD	21207			
altimore,	of Healt		20a. Mathod of Disposition	70		sition (N	ama of other pla	ca)	Data	200	. Location	- City or To	wn, State				
in	Peg nent unt: H				ata		-			2-20-9	7 W	oodla	wn. N	1arvland			
alt	permit. Peges 1 Department of H Important: If its any injury or ott		1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Lorraine Park Cemetery 2-20-97 Woodlawn, Maryland 1. Signature of Figuraral Service Licensea 22. Nama and Address of Facility														
m	88 = 88		1. Signature of Funaral Service Licensaa 22. Nama and Addrass of Facility Loring Byers Funeral Directors, Inc.														
		23a. Part/ Entar tha disaasa, or complications that ceusad tha death. Do not antar tha mode of dying, such es cerdiac or raspiratory arrast, shock, or heart failura. List only one cause on each line.															
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	be dist	Examiner		b. Dia	beta	= mel	W,8	ers.									
	and and Il-trar	хап	equantially fist conditions, any, leading to immediate pusse. Enter Underlying														
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x 68760,	ertificate be executed ling physician and se as the burial-transit	Medical	that initiated avants rasulting in death) Last		Dua to (d	or as a consequ	uance of):									
BO	death ce	lan/		0				·					1				
0	the de	Physician	Part II. Other significant conditions of	ontributing to daat	th but not ras	sulting In the ur	darlying	cause giv	an in Part I.	23b. D	fd tobac	co use co	ntribute to	the cause of de	eth?		
0	that ded b	by Ph								. 1	□ Yee	2⊠No	3 Prot	bably 4□Unk	nowr		
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,	, (-	30. Nama and address of person who	completed course	of death /tren	23a) (Time 1	Prine\	2	131/		7	1/1					
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/Medical			LAHERTY							Februar		1997	9:50 qin
Examiner	4	le. Fecility Neme (If not institution,		er)			41	. City, Tow	n, or Lo	ocation of Deeth	4c. Cou	nty of Deeth	
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Director	-	213-26-5824 Usuel Residence of Decedent		66	113.					July 6	land		
72 hours effer death with the Maryland natural; or items 23s or 28s-f show sical Examiner mant be notified at each by Funeral Director	-	10e. State 10b. County		10c. City. 1	Town or Lo	ocation							10d. Inside City Limits
or sho											1 ☐ Yes 2X No		
or 28a-1 s be notified Director		Maryland Baltin	more		Pikes	sville							
0 8 O	'					10f. Zip Coo					10g. Citizen o	of Whet Cou	ntry?
s 23	-	817 Templecli					208				USA	-	
al', or itams 23a or 28a-1 show Examiner must be notified at by Funeral Director	1	1. Maritel Status	12. Wes Decede Armed Force	s?	13.	Was Decedent if Yes, specify (of His Cuben	panic Origi , Mexican,	in? (Spe Puerto	ecify Yes or No- Rican, etc.)	14. A	lace - Americ	
by F		1 Never Married 2 Merrie 3 Widowed 4 Divorced	If Yes, Give			1□Yes 2⊠	No	Specify:			Spe	cifv: v v1	
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tem 27 is marked other than other traumatic event, the M To Be Comp		7. Fether's Neme (First, Middle, L.						18. Mother	's Name	(First, Middle,	Maiden Sum	eme)	
To etc		John Franklin l								Augusta			
		19e. Informent's Name/Relationshi				ng Address (Str							Code)
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or off	2	t0e. Method of Disposition 1X Burlal 2 ☐ Cremetion 3	2 Demoved from Ste	0.000	e of Dispo etery, crer	osition (Neme of metory or other	f plece)		Dete	20c. Locatio	n - City or To	own, Stete
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Important: any injury once.	2	21. Signature of Funerel Service Li	icensee		1.C	2. Name end Ad Oring By	dress	of Fecility	era	1 Direc	tore	Tnc	
2 2 2		John KY	the of			728 Libe							21122
CT COL	1	23e. Paul Enter the diseese, or o	complications that caus	ed the death. I	Do not ente	er the mode of	dying,	such as ca	ardiec o	or respiretory er	rest,	PID .	21133 Approximate Intervel Between
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month Day Yaar **Physician** 97 Albert C. Falk 02 24 1:20AM /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Maryland Masonic Home Cockeysville Baltimore If Under 1 Yaar If Undar 24 Hrs. Months Days Hours Min. 8. Data of Birth (Month, Day, Year) NOV - 7, 1903 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 10 M 2□ F Months 93 Yrs. **Director** 214-01-4718 Usual Rasidance of Dacedant the Maryland 10a. Stata 10b. County 10d. Inside City Limits 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Modical Examiner must be notitled at Director 1 ☐ Yas 2 No Md. Baltimore Cockeysville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Mental Hyglene. Important: If item 27 la marked other than "natural", or items 23a any injury or other traumstic event, the Modesi Examiner mast once. 21030 USA 300 International Cr. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Yas 2 ② No If Yas, Giva Yaar or Datas: 1 Nevar Married 2 Married Saitimore, Maryland 21215-0020 1 Yas 2 No þ 3 ₩ Widowed 4 Divorced White Completed 15. Decedant's Education (Specify only highast grada completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Collega (1-4or 5+) Md. Glass Co. 11 Worker 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Maldan Sumama) Be 2 Unknown Fa1k Unknown Unknown 19e. Informent's Neme/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Mr. Ronald E. Creamer/step-son 11605 Falls Rd. Timonium, Md. 21093 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Ramovai from State 4 ☐ Donation 5 ☐ Othar (Specify) Moreland Mem. Park 2/27/97 Baltimore, Md. 21. Signature of Funeral Service Licer 22. Nama and Addrass of Facility Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 Approximata Interval Between Onset and Death 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart tellure. List only one cause on each line. **Physician** /Medical Immediata Causa (Final disaase or condition rasulting in daath) " ronal carcinoma 6mo Examiner Dua to (or as e consequance of): Examiner physician and s the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immadiata cause. Enter Undarlying Causa (Disaasa or Injury Dua to (or as a consequence of): Box 68760. Physician/Medical that initiated evants rasulting in death) Last Dua to (or as a consequenca of): 88 nse 10 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. the 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown dementica Completed by 24a. Was an autopsy 24b. Wara autopsy findings available prior to completion of cause of death? has page 2 1 ☐ Yas 2 No certificate 1 ☐ Yas 2 ☐ No or Attending Physician: director, 25. Wes casa ratarred to medical axaminer? Be 26. Placa of Death (Check only ona) Hospitel: 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Time of injury 28c. Injury at Work? 28d. Dascribe how Injury occurred After 1 Natural 5 Pending death. 1 ☐ Yas 2 ☐ No after death.

Director: A invastigetion 2 Accidant 6 Could not be data mined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, tactory, offica building, atc. (Specify) 4 Homicida within 24 hours aft To the Funeral Dis completely filled in Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

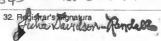
Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) To the To the To the I 29b. Signatura and titia of certifiar 29c. Licensa number 29d. Data signed (Month, Day, Year) Sleves 040208 30. Nama and eddrass of person who completed causa of death (Itam 23a) (Type, Print) 1205 york Rd Ste 320 Luthenille Md June Breiner MD

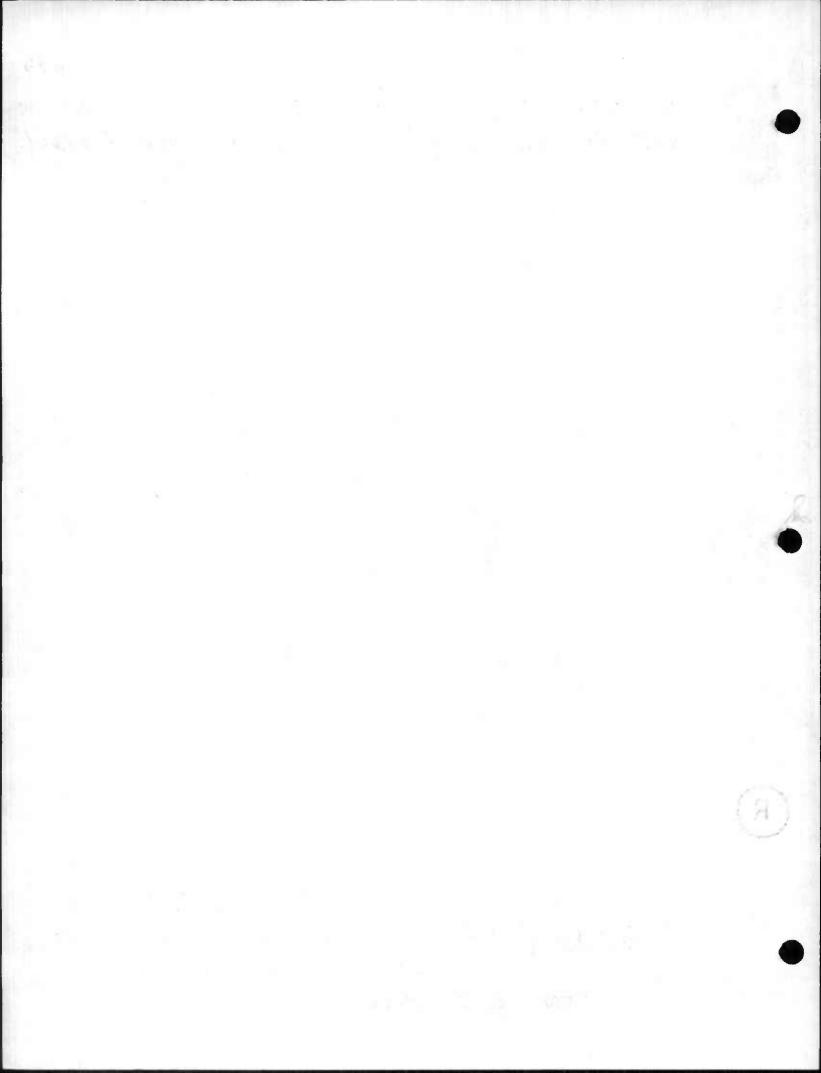
State Registrar 31. Data filed (Month, Day Year)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Deta of Death

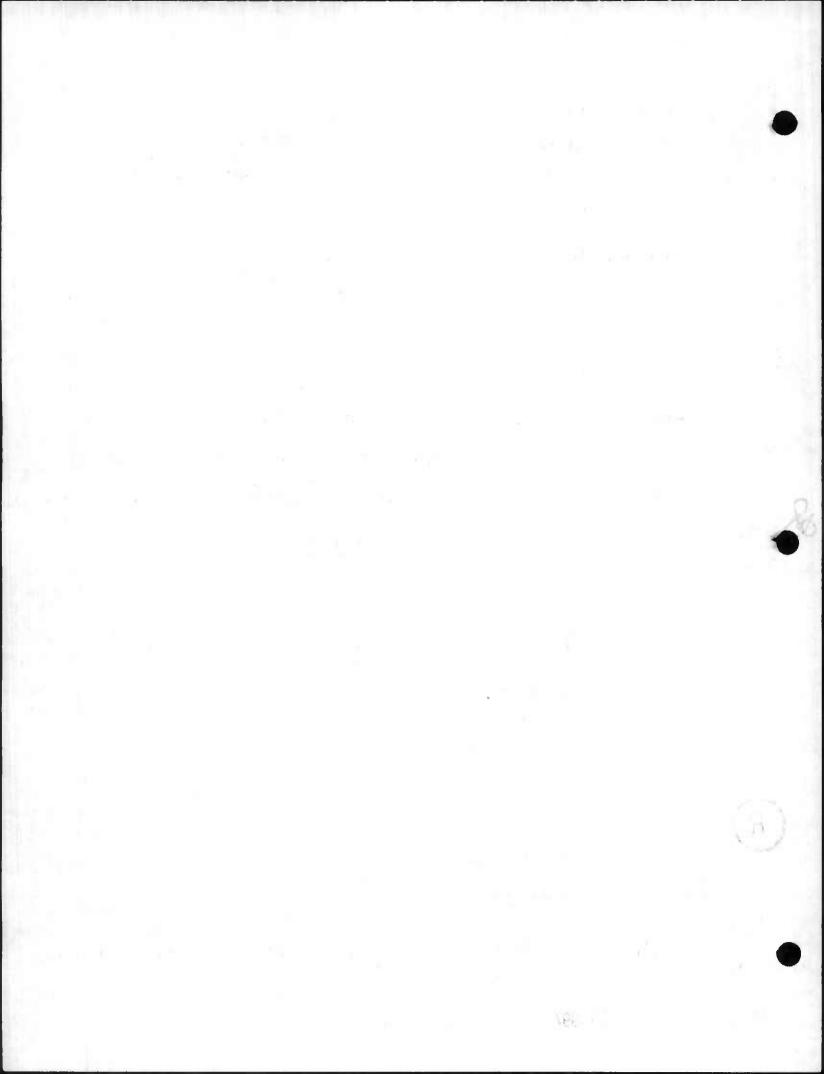
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	Funeral Director			Sex 7. Aga (In yrs	Sold AL ASS. (ast birthday) If Under Months	1 Yaar If Under 24 Hrs. Deys Hours Min.	URNIE HNN 8. Data of Birth (Month, Day, Year) OCT 9, 1944	9. Birthplaca (State or Foraid Country) Pennsylvania			
	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or frems 23a or 28a-f ehow ont, the Medical Examiner must be notified at	tor	10e. Steta 10b. County	Arundel 100.0	Sity, Town or Location Millersvil	lle		10d. tnside City Llmit			
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alla.	tal Hygid office of the second,	Be	17. Fethar's Nama (First, Middla, Last,				(First, Middla, Maidan Sumai	ma)			
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Hore			20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Crametion 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specif	y) Me	Place of Disposition (Namcamatary, cramatory or other tro Crematory		Data 20c. Location	- City or Town, Stata			
Da	Departu Departu Importa any Injk		21. Signature of Funaral Sarvica Licar	Pawn F. McDor	ald Cremate 299 Fre	lon°50Enety of ederick Rd. Ba	f Maryland, In altimore, MD	nc.			
	hysician /Medical xaminer		23a. Part. Enter the disease, or com shock, or heart failure. List only Immediate Ceuse (Finel disease or condition resulting in death)	Diseose	Approximata Intervel Batween Onsat and Death Secural						
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dan Unear	within 24 hours after of the Funeral Direct completely filled in by	29a. Cartifliar (Check only one) 29a. Cartifliar (Check only one) 29a. Cartifliar (Check only one) 29a. Cartifliar (Check only one) 20a. C									
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State Registrar 31. Data filed (MFTE, Ba)2'5")1997





Item19a 2-25-97 FilmG744 W.H.Per F/HState of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** Month Day February 21, 1997 catlon of Death 4c. County of Death 1800 Martin Friedman /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death Examiner BALTIMORE Hospital Jinai If Under 1 Year If Under 24 Hrs. 8. Dete of Birth
Months Davs Hours Min. (Month, Day, Year) 6. Sex 12 M 2□ F 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 218-38-4172 Yrs. Director 55 JAN.10,1942 MARYLAND Usual Residence of Decadent the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow traumatic event, the Medical Examiner roust be notified at MD N/A BALTIMORE Director Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 6 5712 HIGHGATE DR. items 23a 21215 TISA 12. Was Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Bleck, White, etc. 11 Maritel Status 72 hours after 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 6 1 Yes 2 No Specify: WHITE þ Specify: 3 Widowed 4 Divorced "natural", Completed 15. Decedent's Education (Specify only highest grede comp 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry completed) filed within 7 Hygiane. permit. Pages 1 and 2 should be filed withir Department of Health and Mental Hygiane. Important: If Item 27 Is merked other then any Injury or other traumetic avant Elementery/Secondary (0-12) College (1-4or 5+) 12 CAB DRIVER TRANSPORTATION 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) NATHAN FRIEDMAN ETHEL STERN 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21117 -MRS. BARBARA FRIEDMAN (DAUG.) 23 ENCHANTED HILL RD., APT. 101 OWINGS MILLS, MD 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete Burial 2 Cremation 3 Removal from State MIKRO KODESH-BETH ISRAEL 2/23/97 BALTIMORE, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22 NATIO PLANTING BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 23a. Part I Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, above, or near failure. List only one cause on each line. Approximete Interval Between Onset end Death **Physician** /Medicai Immediate Ceuse (Final Preumonia disease or condition resulting in deeth) Examiner Examiner The law requires that the death certificate be executed attending physician and for use as the bunal-tran Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury thet initiated events resulting in death) Lest Due to (or es e consequença of): Myocardial P.O. Box 68760 Physician/Medical the Due to (or es a consequence of) fortic Stenosis signed by the a d be datached t Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 3 No 3 Probably 4 □ Unknown Diabetes Mulitur Records, Be Completed by 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was en eutopsy performed? Hypertension has le 2 page 2 No Hypercholeste no Lemia Ø 25. Was case referred to medical examiner? 28. Piece of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 27. Manner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 1 Naturel 5 Pending 1 Yes 2 No investigation 2 Accident 3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) or A after Direc 4 Homicide To the Hospital within 24 hours To the Funeral completely free 12 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end pleca, end due to the ceuse(s) and menner es stated.
2 Medical Examiner: On the best of examinetion and/or investigetion, in my opinion, death occurred et the time, date end pleca, end due to the cause(s) end manner stated. Medical 29e. Certifier (Check only one) 29b. Signature and title of cecifier 29c. License number 29d. Date signed (Month, Day, Year) AS2402321 HP9940 Hebruary son who completed cause of deeth (Item 23a) (Type, Print) 30. Name and add Sinai Margland Baltimore 31. Date filed (Month, Day, Year, 32. Registrar's Signeture State FEB 25 1997 John Tavidson Randoll Registrar **DHMH 16 Rev 6/95**



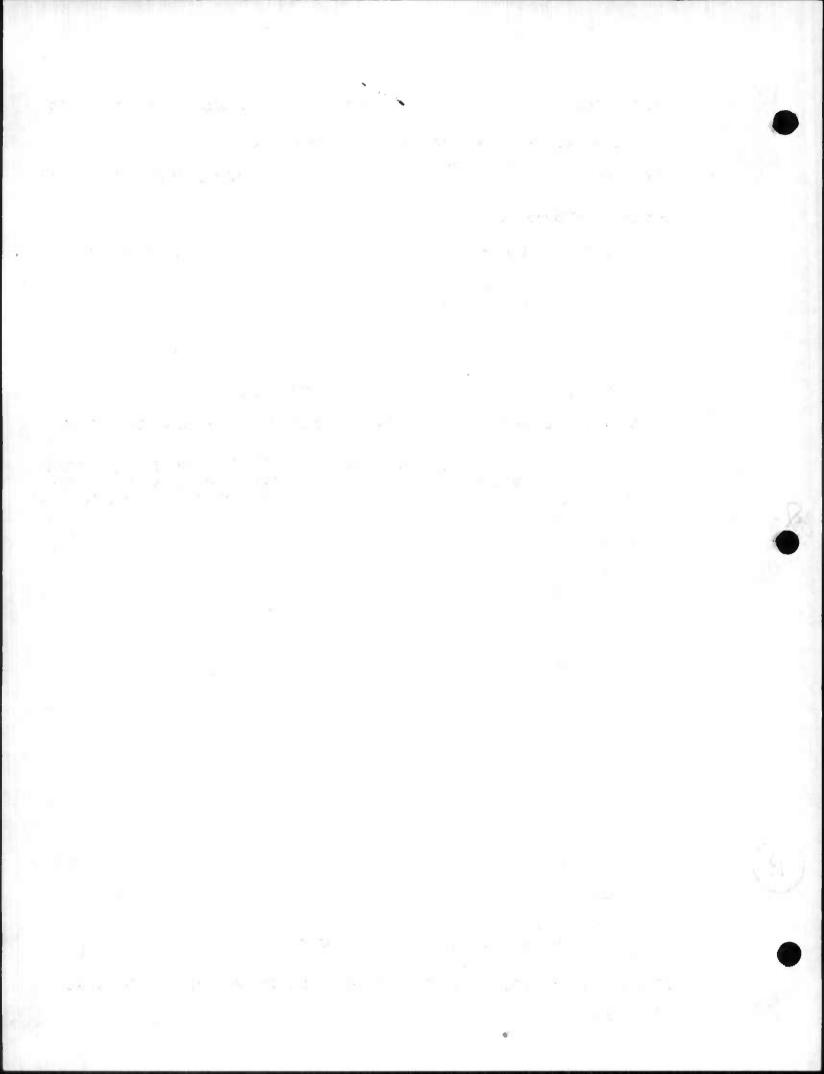
State of Maryland / Department of Health and Mental Hygiene 97 05396

			Certificate of Death Reg. No. 1. Decedant's Nama (First, Middle, Last) 2. Dete of Deeth												3. Tima of Death	
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se Maryten 8a-f show	titled at	Director	Maryland Balt		ity, Town or Location TOWSON						10d					
ath with th	ustben	rai Dire	20 Dunvale Road Apt.#406				10f. Zip Code 21204						10g. Citizen of What Country? United States			
15-0020 72 hours after death with the Maryland "netural", or items 23s. or 28s-f show	Examiner in	by Funeral	11. Marital Stetus 1 Navar Marriad 2 Married 3 Widowed 4 Divorced 12. Was Decedant Evar Armed Forcas? 1 Yes 2010 if Yas, Give Yaar or Datas:						Hispenic Origin? (Specify Yes or ban, Mexican, Puarto Rican, atc.) Specify:			Special	can indien, atc.			
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arylan should be nd Mental marked o	a tic	0	Richard E. Hard									th C. D				
Aar 2 sho and is me	traumatic		19a. Informant's Name/Ralationsh				9b. Mailin	g Address	(Straet	and Numb	per or Run	al Routa Numb	ar, City or Tow	n, Stata, Zip	o Coda)	
	other tr		Mr. Robert H. C	Gutermut	h			Islam		da Bl	vd.	Punta	Gorda,			
ages ant of	5		20a. Method of Disposition 1 🔀 Burial 2 □ Crametion 4 □ Donation 5 □ Othar (Sp		m Stata	20b. Pieca cama	itary, crem	atory or or	thar pla		02/	Deta	20c. Location			
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o the d	Dhye of	2	Part ii. Other significant condition	it not rasulting	asulting In the underlying cause given in Pert i.						23b. Did tobacco use contribute to the cause of death					
that the	Po cata										1 ☐ Yss 2 No 3 ☐ Probably 4					
aw requir	Diate of									24e. Was	an autopsy med?	24b. Wara autopsy available prior complation of death?				
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A Paris	Citacitica		3 Suicida 6 Could no detarmin	ed 288. Piac	28a. Place of injury - At homa, building, atc. (Specify)			farm, street, factory, office				28f. Location (Street and Number or Rural Roun City or Town, Stata)			al Routa Number,	
e Hospita 24 hours e Fureral D	lacilo		29a. Cartiflar (Check only one) 1 X Cartifying 2 Medical Ex	caminar: On tha	basis of	axamination a	ga, daath and/or inva	daath occurred at tha tima, data end piece, and dua to tha c Vor invastigation, in my opinion, daath occurred at tha tima, d						ause(s) and mannar as stated. late and placa, and dua to the cause(s)		
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DHMH 16 Rev 6/95

Registrar

FEB 2 5 1997



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yla	should be ind Mental I marked or	10	Charles Rus	sell W	ills					Eliza	abeti	h McCar	ty			
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三亿三		Mrs. Barbara A	. Good	dhues	(Dau.)	6 Kri	SSWO	od (Court	Bal	ltimore	,Mai	rylar	nd 21:	236	
of Healt f Item 27 r other		20e. Method of Disposition			20b.	Plece of Dispo	sition (Ne	me of			Dete	20c. L	ocation -	City or Tov	vn, Stete	
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 05399 Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Death 3. Time of Death Month **Physician** ROSETTA February 20 1997 cation of Death 4c. County of Death GRAVES 11:15 A /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner MERCY HOSPICE BALTIMORE, MD | Months | Days | Hours | Min. | SEPT.24, 195 | Birthplace (State or Foreign (Month), Day, Year) | SEPT.24, 195 | BALTO., MD 5. Social Sacurity Number 7. Age (In yrs. last birthday) Birthplace (Stata or Foreign Country) , Funeral 1 M 2 XFX 154-58-1139 Yrs 38 Director Usual Residenca of Decedent the Maryland Hygiene. Hygiene. Yther than "naturel", or frems 23s or 28s-f show ent, the Medical Examiner must be notified at 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits MD X□XYes 2□No Director n/a BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? LANGFORD 1682 ROAD 21207 UNITED STATES Funerai death 12. Was Decedent Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 11. Maritai Status 14. Raca - American Indian, Pages 1 and 2 should be filed within 72 hours after of or defined hygiene.

If item 27 is marked other than "naturel", or itee iny or other traumatic event, the item iny or other traumatic event, the item is transmissed. Black, White, etc. 1 Navar Married 2 🕅 Narried 1 Yes 2 No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: þ Specify: black 3 Widowed 4 Divorced Completed 15. Decadent's Education (Specify only highast grade completed) 16a. Decedant's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry DEPT. of Correction Elementary/Secondery (0-12) College (1-4or 5+) years= RECEPTIONIST dept o f S.S. 17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumame) Be RICHARD Ε. RANDOLPH SR. 2 ROSETTA Μ. 19a. Informant's Name/Relationship (Type, Pnint) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) LATIFAH RANDOLPH GRAVES 1682 LANGFORD BALTIMORE, MD 21207 20a. Mathod of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other placa) 20c. Location - City or Town, State Dete NBurial 2 Cramation 3 Ramoval from State 4 Donation 5 Other (Specify) permit. Page Department o Important: If any injury or KING MEMORIAL PARK 2-26 RANDALLSTOWN. MD 21. Signature J Funarai Service Licensee 22. Name and Addrass of Facility WM. C. MARCH FH. - 1101 23a. Pert1. Entar tha disease, or complications that causad the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. E. NORTH Physician Immediate Cause (Final disaasa or condition resulting in death) /Medical ACQUIRED IMMUNE SYNDROME DEFICIENCY Examiner Due to (or as a consequence of): Examiner 7 gears INFECTION law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events rasulting in death) Last Due to (or as a consequence of): Physician/Medicai the Dua to (or as a consaquance of): esn. signed by the et d be detached fo Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed by 24b. Were autopsy findings available prior to completion of cause of daath? 24a. Wes an autopsy performed? peen 1 Yas 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examinar? Be 26. Place of Death (Check only one) Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Certification: To Other: 4 Nursing Home 5 Residence 6 Dither (Specify) HOSPICE 1 Yas 2 No 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending Investigation 1 Natural 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide

Records, P.O. Box 68760, Division of Hal

Attending To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completely filled in by the fi

State

Registrar

Medicai

FERNINDO

4 \ Homicide

29b. Signature and little of certifier

29a. Certifier (Check only one)

FERRO, MD 32. Registrer's Signature wie Davidson

yoursell

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

1.

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

BELAIR 5810 BALTO,

040480

Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

20, 1997 February RD

29d. Date signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

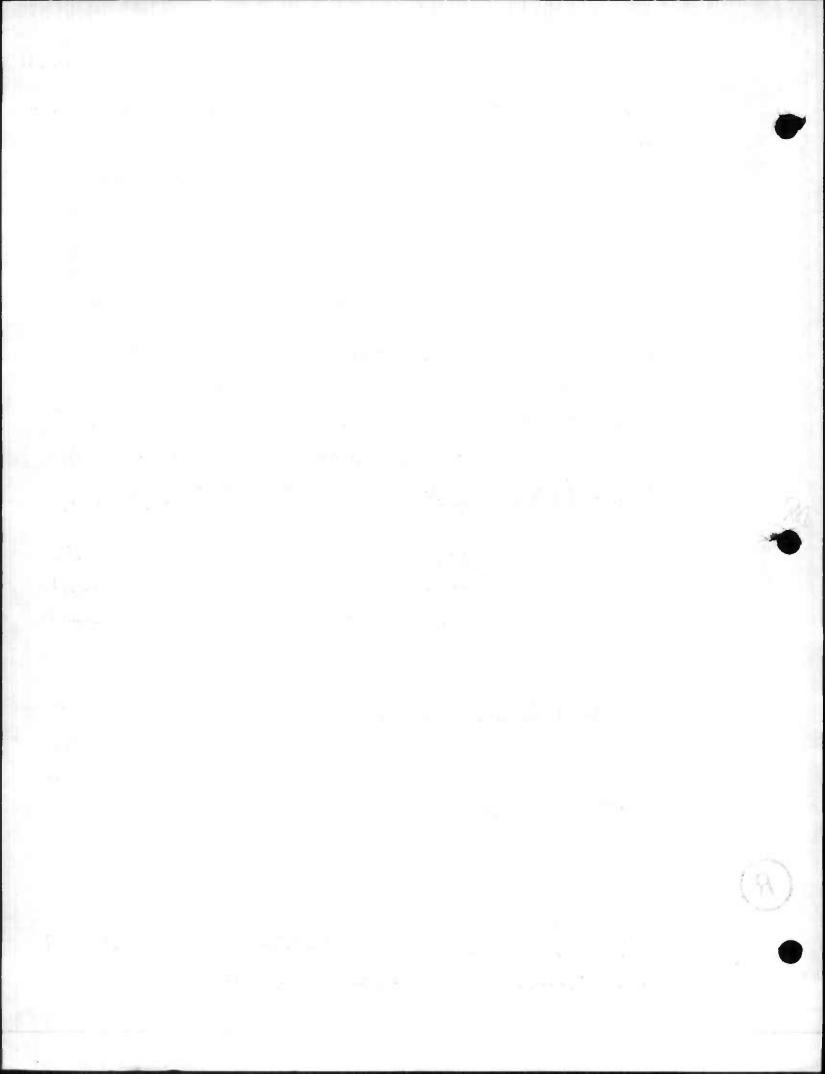
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State of Maryland / Department of Health and Mental Hygiene

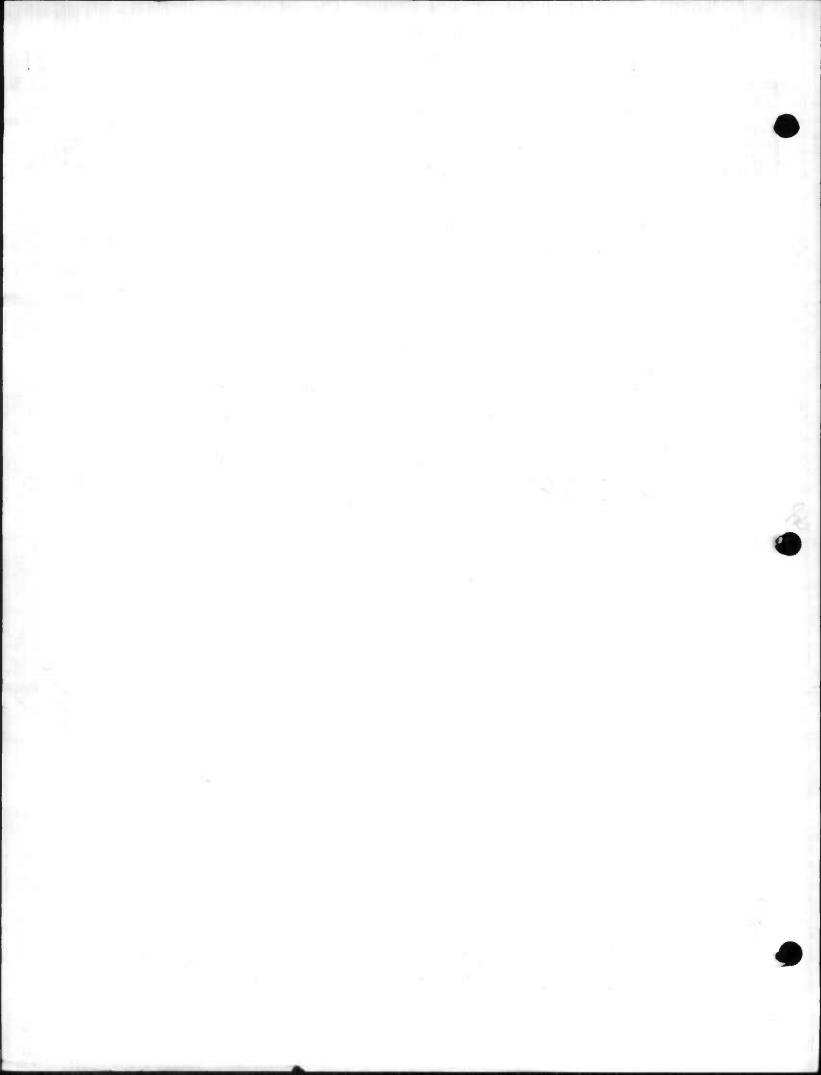
05400 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Death **Physician** Month 1997 12:25 pm FEBRUARY 23 GIBSON-BEY ALIN /Medical 4a. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** N/A THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthpiece (State or Foreign Country) **Funeral** 1 M 2 □ F Months Deys 37 Yrs. Director NOV. 26.1959 MARYLAND 212-67-5483 Usual Residence of Decedent the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits show item 27 is marked other than "natural", or items 23a or 28a-f show other trsumstic event, the Mandral Example or mast be notified at 1X Yes 2 No Director BALTIMORE CITY MARYLAND N/A10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21213 2420 E. FEDERAL ST. U.S.A. Funeral 12. Wes Decedeni Ever in U,S. Armed Forces? 1 ☐ Yes 27 No if Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American Indien, Bleck, White, etc. Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: BLACK þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry filed within 7 Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) 9TH DISHWASHER RESTAURANT permit. Peges 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked other any Injury or other treumstic event once. 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) TEMPLE J. GIBSON CLARA M. GRAHAM 19e. Informent's Neme/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 2420 E. FEDERAL STREET BALTO, MD. 21213 TEMPLE J. GIBSON-FATHER 20b. Piece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete Burial 2 Cremetion 3 Removel from Stete 4 Donation 5 Other (Specify) BALTIMORE CEMETERY FEB. 26, 1997 BALTO, MD. 21. Signature of Funeral Service Monnay 22. Name end Address of Fecility CALVIN B. SCRUGGS FUNERAL HOME 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feilure. List only one cause on each line. 21213 Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Final diseese or condition resulting in deeth) Examiner Examiner -Iransit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest and Due to (or es e consequence of): P.O. Box 68760. physician The law requires that the death certificate be Physician/Medical the Due to (or es e consequence of): for use as Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by Vasculer 1 Yes 2 No 3 Probably 4 ₽ Unknown Records, Completed 24b. Were eutopsy findings eveilable prior to 24e. Wes en eutopsy performed? completion of cause of deeth? page 2 s 1 Yes 2 No 1 Yes 2 No this certificate of Vital director Be 25. Wes case referred to medical examiner? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 Aurpatient 2 ER/Outpatient 3 DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. injury et Work? 28b. Time of 28d. Describe how injury occurred Medical Certification: sion Alber 5 Pending Investigation 1 Naturel 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) 29e, Certifier end menner stated. To the 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) RESOOO February 24, 1997 MD 30. Neme and eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) Wolfe Street 6250 600 31. Dete filed (Month, Day, Year) 32. Registrer's Signature State FEB 25 1997 relia Davidsor Registrar



Ohusia	ion.	Items: 23 part I,27 1. Decedent's Neme (First, Middle, La		4/9/ *Gertificate	e of Death	2. Dete of Dee		3	J. Time of Death
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Health Hem 27 other tr		20e. Method of Disposition		Plece of Disposition (Nem	ne of		20c. Location		
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e att	Physician	Pert II. Other significant conditions of	ontributing to death but not re	esulting in the underlying ca	use given in Pert I.	23b. Did to	bacco usa co	ntribute to the	cause of death
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		1 / weather.	4- Mary -wi		C.M.E.	F	EBUAR	7 20 . 1	997
18		30. Neme and eddress of person who	completed cause of weeth (Ite					•	

State Registrar 31. Dete filed (Month, Dey, Yeer) FEB 2 5 1997



State of Maryland / Department of Health and Mental Hygiene

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	Funeral Director		214-20-7800	70 M A D E	(In yrs. last b	irthday) Yrs.	If Under 1 Months	Year Deys	If Under 24 H Hours Mi		irth 30.	4931	Coun	lace (Stete itry) (Land	or Foreign
	and		Usuei Residenca of Decedent 10a. Stete 10b. County		10c. City, To	wn or Lo	cation						1	0d. inside C	ity I imite
ļ	Sa-f sho	ctor	Maryland Bal	timore	100. Gily, 10.				llerton					1 ☐ Yes	20 No
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	n 72 hours "natural", edical Exp	ted	15. Decedent's Ed (Specify only highest gra	lucation	16	a. Deced	dent's Usuel	Occu	petion	norking.	16b.	Kind of B	usiness/Inc	dustry	
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	and and seum		19e. fnforment's Neme/Relationship (Rural Route Num				Code)	
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	S to T		20e. Method of Disposition 1 Buriel 2 Cremetion 3 4 Donetion 5 Other (Specify		cemet	ery, cren	esition (Neme netory or oth Mem.	er ple		/25/97			elle,		
Dalilliore,	Department important: had any injury o		21. Signeture of Funeral Service Licen	C		22 1	Name end Uda-Ri	Addice LCK	ess of Fecility Funera	l Home o Dundalk,	6 De	undal	k, Ir	1C.	
			Part Enter the disease, or complete the comp	plications thet caused the	he deeth. Do	not ent	er the mode	of dy	ng, such es card	ac or respiretory	errest,	05) 000,		Approxime Interval Be	te
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DIVISION OF VICE	after death. Director: After the	Certification:	3 Suicide 6 Could not be determined	28a. Pleca of injury building, etc.	y - At home, i (Specify)	erm, str	eef, fectory,	office		28f. Location City or To	(Street own, St	end Numl ete)	ber or Rure	l Route Nur	nber,
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1	000	Me	29b. Signeture end titla of contillar	Run: MI) #o	56			se number)1926					Day, Year) , 1997	
			30. Name and address of person who d	completed cause of dee	eth (Item 23a)	(Туре,	Print)								
			Dr. John Kim	9000 F	rankli	n Sc	quare :	Dri	ive	Baltimor	e, 1	Md.	21237	7	
	Sta	10	31. Dete filed (Month, Day, Year)	32. Registrer							-				

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Registrar

FEB 25 1997

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State of Maryland / Department of Health and Mental Hygiene ITEMS: 23 part I,27,28a,b,c,d,e,f per MEO G-744Certificate of Death Reg No.	97
ITEMS: 23 part I,27,28a,b,c,d,e,f per MEO G-744Certificate of Death	21

Physician /Medical **Examiner** 05403 3. Tima of Death

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Approximata ntarval Between Onsal and Death

Funeral

Director death with the Maryland

Director

Funeral

Item 27 is marked other than "natural", or Itema 23a or 28a-f show other traumatic event, the Medical Examinar must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after. Department of Health and Mental Hygiene. Important: If Item 27 is merked other than "natural", or itea any injury or other traumatine account. Baltimore, Maryland 21215-0020

Physician /Medical Examiner

that the death certificate be executed burial-transit and attending physician the 80 ō the signed by t peen The law page 2 certificate Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica in by 24 hours

Box 68760.

P.O.

Division of Vital Records.

þ Completed Be 2 Examiner Physician/Medical by Completed Be 2 Certification:

Reg. No. 1. Decedant'a Nama (First, Middla, Last) 2. Data of Death Month FEB.02,1997 BERNARD HOWARD 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death NIA 6 W.OLIVER ST. BALTIMORE If Undar 1 Yaar If Undar 24 Hrs. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foraign Country) 1♥M 2□ F 56 Yrs unknown Jan. 19, 1941 unknown Usual Rasidanca of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Maryland Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2029 St. Paul Street 21218 Unknown 12. Was Dacedant Ever in U,S. Armed Forcas¹Un known 1 ☐ Yas 2 ☐ No If Yas, Giva 11. Marital Status unknown 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - American Indian, Black, Whita, atc. 1 Navar Marriad 2 Married 1 ☐ Yas 2 ☐ No Specify: 3 ☐ Widowad 4 ☐ Divorced Yaar or Datas: unknown 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) unknown unknown unknown unknown 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) unknown unknown 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) unknown unknown 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 □ Donation 5 ☑ Othar (Spacify) in-state 21. Signature of Funeral Sarvica Licensaa 2/21/47 22. Nama and Addrass of Facility ade, Director State Anatomy Board, 655 W. Baltimore Street Mulle Baltimore, Maryland 21201 on, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, List only one cause on each line. Immediata Causa (Final disaasa or condition rasulting in daath) HYPOTHERMIA COMPLICATED BY ALCOHOL INTOXICATION Dua to (or as a consequance of) Sequantially list conditions, if any, laading to immadiata cause. Entar Underlying Causa (Disaasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consaquance of): Dua to (or as a consequence of). Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death?

				1 Yes 2 No	3 ☐ Probably 4 ② Unknown
		,		24a. Was an autopsy performad?	24b, Wara autopsy findings available prior to complation of causa of daath?
				1 XYas 2□ No	18 Yas 2□ No
Was casa rafarred to medical			26. Piaca of Da	aath (Check only ona)	
axaminar? 1 X Yas 2 ☐ No	Hospital: 1 Inpatiant 2	☐ ER/Outpatient 3☐ DOA	Othar: 4 Nursing	Homa 5 ☐ Rasidanca 6 ☐ Ott	nar (Specify) BUSHES
Mannar of Death 1 □ Natural 5 □ Panding 2 ☒ Accident Invastigatio	100110 E/E/37	28b. Tima of P 28c Injury P found 7:00 M	i. Injury at Work? 1 ☐ Yas 🏋 No	28d. Dascribe how injury occur	PROLONGED NV IRONMENT
3 ☐ Suicida 6 ☐ Could not b 4 ☐ Homicida datarminad		homa, farm, straat, factory, (offica	28f. Location (Straat and Numi City or Town, Stata) 6 W	ber or Rural Routa Number,

found on street

Baltimore, Md. 1 Certifying Phyalcian: To tha bast of my knowladga, daath occurred at tha tima, data and placa, and dua to tha causa(s) and mannar as stated.

29b. Signatura and titla of certifian

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29c. Licansa number 29d. Data signed (Month, Day, Year)

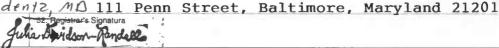
OCME 30. Nama and addrass of parson who complated causa of death (Itan 23a) (Type, Print)

FEB.03,1997

Stephen

Radentz MD 31. Data filed (Month, Day, Year)

FEB 2 5 1997



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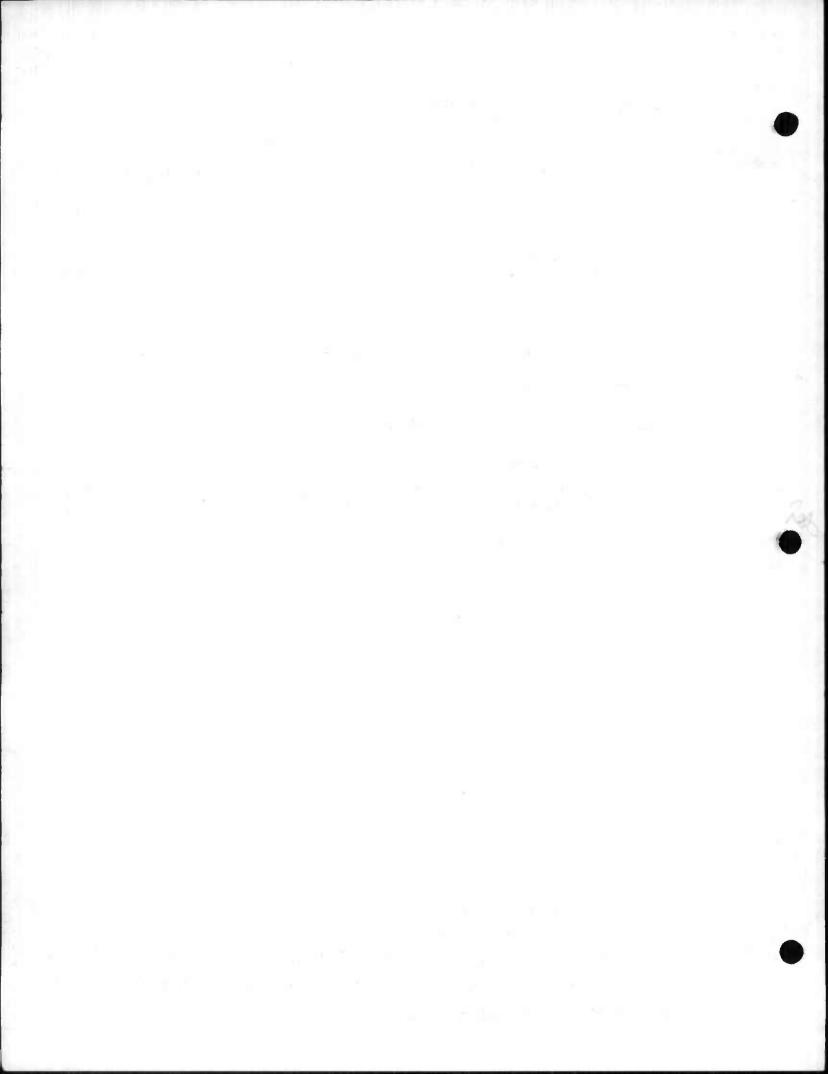
Medical

State

Registrar

29a. Cartifia

(Check only one)



State of Maryland / Department of Health and Mental Hygiene

05404 Certificate of Death Reg. No 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Month O 2 **Physician** ,30 pm JOHES 97 MARIE /Medicai 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner MARYLAN D BALTIMORE
If Under 24 Hrs. 8. Date of Birth GENERAL HOSPITAL

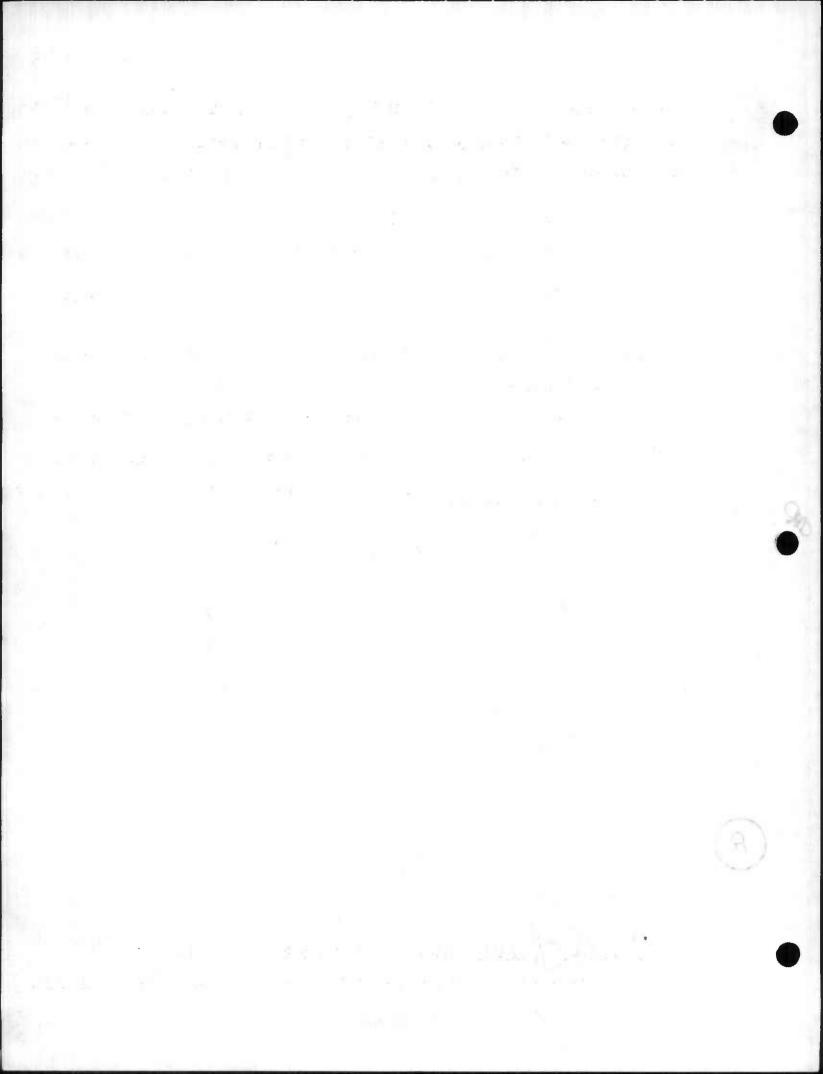
7. Age (In yrs. lest birthday) | HUnder 1 Year
Months Days BALTIMORIE CITY 5. Social Security Number 6. Sex 8. Date of Birth (Month, Day, Year) 9. Birthplace (State or Foreign BALT) IMORE, MD **Funerai** Min. 1 M 2 F Hours 217-20-9397 9 Yrs Director 2/07/27 Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at MD Ves 2 No Director n/a BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6 1100 PENNSYLVANIA AVENUE apt.1004 21202 238 UNITED STATES Funeral or items 12. Was Decedent Ever In U.S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indien, filed within 72 hours efter thygiene. Yes 2 No 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ XioX Specify: BLACK þ Specify 3 ₩idowed 4 Divorcad Year or Dates: Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) HOUSEKEEPING d 2 should be filed w h and Mental Hygier 7 Is marked other th 9 th MONDAWMIN MALL 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be GEORGE ASHBURN ERNESTINE MEDLEY 2 19a. Informent's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 end 2: Department of Heelth ar Important: If Item 27 is, any Injury or other traus BRENDA COATES 3667 DUDLEY AVENUE, BALTIMORE, MD #13 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1XXXuriai 2 ☐ Cremation 3 ☐ Removal from State KING MEMORIAL PARK 02-25-97 RANDALLSTOWN, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licenses 22. Name and Address of Facility WM. C. MARCH FH.-1101 E. NORTH AVVENUE Karen m Kozer 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical PULMONARY EMBOLUS Examiner Due to (or as a consequence of) Examiner physicien end the buriel-transit The law requires that the deeth certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or as e consequence of): ettending p ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed t þ Completed 24a. Was an autopsy performed? 24b. Were eutopsy findings available prior to completion of cause of death? Ser pege Yes 2 No Yes 2□No certificate 25. Was case referred to medical examiner? Be 26. Piece of Deeth (Check only one) Hospital: 1 Impatient 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 27. Menner of Death 28a. Dete of Injury (Month, Day Year) 28d. Describe how Injury occurred Certification: 28c. Injury at Work? 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide Placa of Injury - At home, larm, street, lactory, office building, etc. (Specify) 4 Homicide 24 hours • Funeral Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29a. Certifier Medical 2 Medical Examinar: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. (Check only one) To the P within 2 To the F complet 29b. Signature end little of cartifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and eddress of person eted cause of deeth (Item 23e) (Type, Print) KIM 827 SVA BAXT, MS MIDENIL 31. Dete filed (Month, Day, Year) 32. Registrar's Signature State FEB 25

Lika Davidson Bondoll

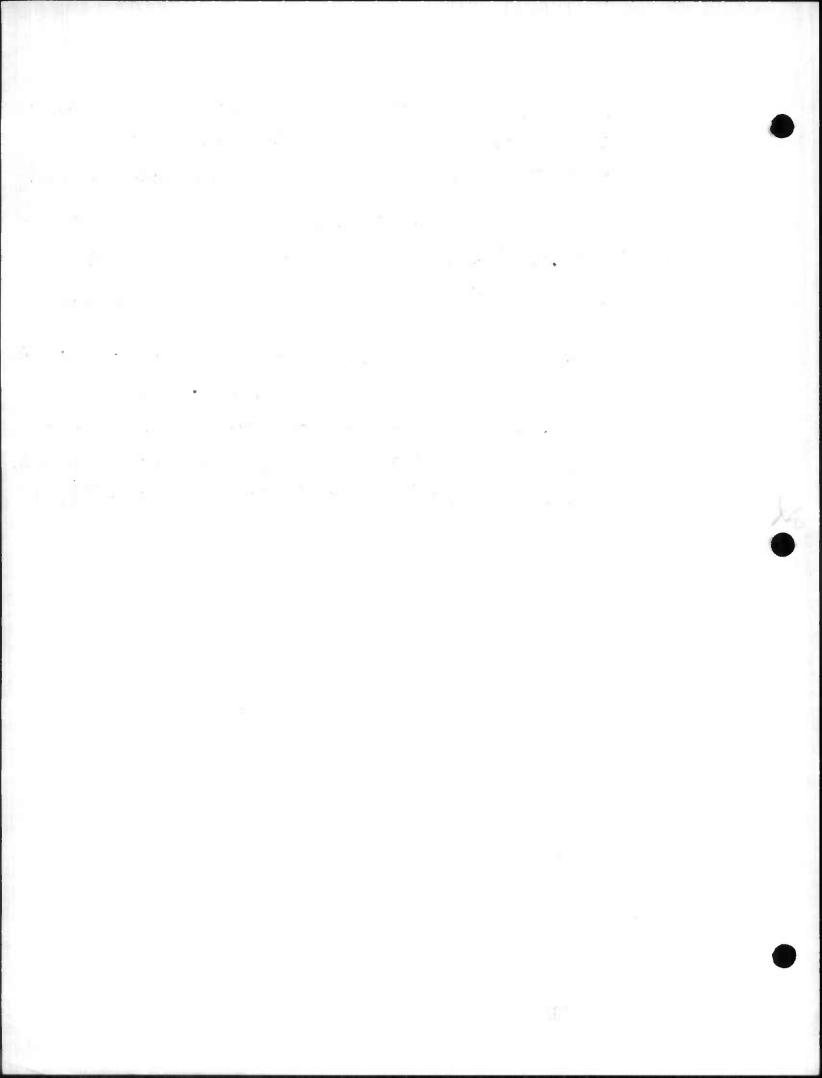
1997

DHMH 16 Rev 6/95

Registrar



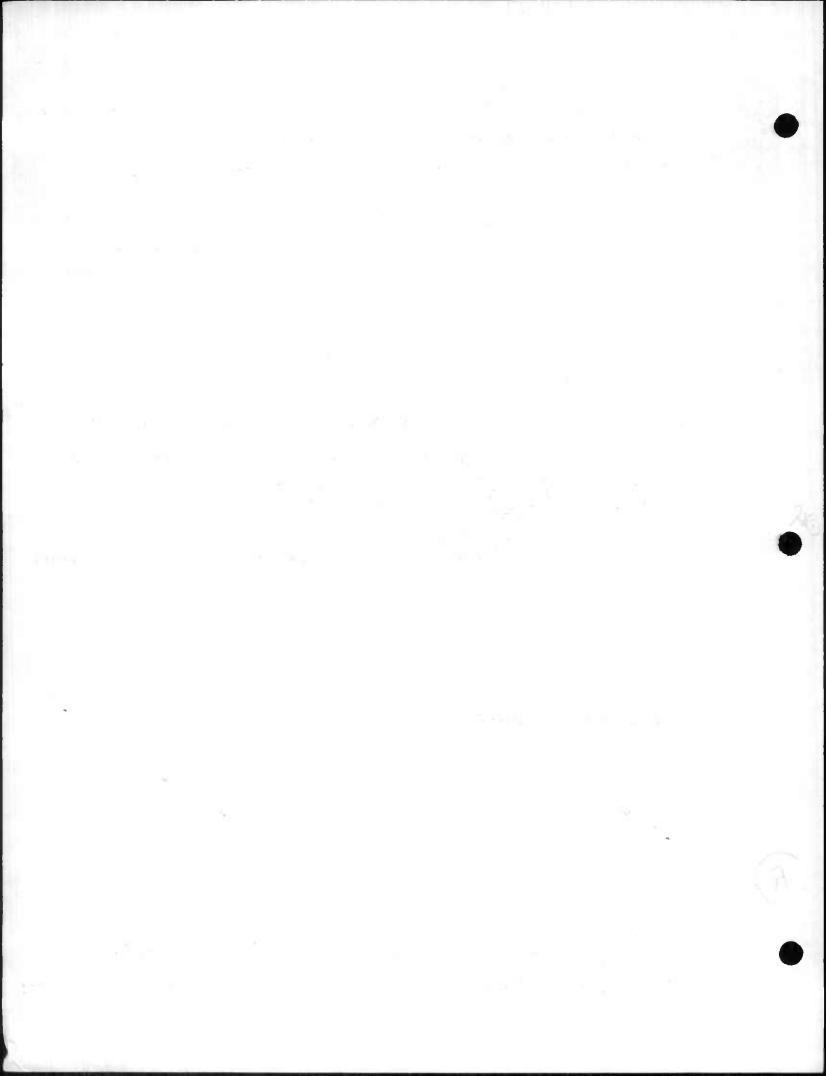
			Items: 4c,10b per F.H.	State of Maryland		ent of Health an ate of Death	nd Mental Hy	2	05405
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	/Medio Examir		4a. Facility Neme (If not institution, giva	street end number)		4b. City, Town	, or Location of Deat	4c. County of	f Death
			71 1110	TOSPITAL			IMOREMO		N/A
	Funeral		5. Social Security Number 6. Set	x 7. Aga (in yrs. la S-M 2□ F	Yrs. If Unc	der 1 Year if Under 24 ns Days Hours	Min. (Month, De	th by, Year)	9. Birthpleca (State or Foreign Country)
	Director		250-36-1368 Usuei Residence of Decedent	(•		rovemb	er cyller	Sunter S.C.
	how		10a. Steta 10b. County	10c. City,	, Town or Location				10d. Inside City Limits
	ith the Maryler or 28a-f ahow	Director	Maryland N/A	K	SALTIN	NORE			1 Myes 2 □ No
	vith th	Dire	10e. Street end Number	1	Α	Zip Code		10g. Citizen of W	hat Country?
	eath w	eral	533 Cove	12. Wes Decedent Ever in U,S		21229	2 (Chaoife Van or Ne	14 Page	- American Indian,
_	fter dea	Funeral	11. Marital Stetus 1 ☐ Never Merried 2 ☐ Marrled	Armed Forces?	if Yas, s	cedent of Hispenic Origin pecify Cuban, Mexican, F	Puerto Rican, etc.)		, Whita, atc.
5-0020	hours after death with the Maryland ural', or items 23s or 28s-f show ill Eseminet must be notified at	by	3 ☐ Widowed 4 🖾 Divorced	if Yes, Give Yeer or Detas:	1 ☐ Yes	2 No Specify:		Specify:	BLACK
	natural,	Completed	15. Decedent's Edu (Spacify only highest gred	cetion a complated)	16e. Decedent's Us	suai Occupation	f working	16b. Kind of Bus	iness/industry
121	within ene. than	mpi	Elementery/Secondery (0-12)	Coilege (1-4or 5+)	and the second	work done during most of use retired)		0.	tre Domestin
d 21	filed with Hygiena. ther than		17. Father's Neme (First, Middle, Last)		Chai	u77er	Name (First, Middle	Meidan Sumama	1
land	should be filed within of Mental Hygiena. marked other than imatic avant, or M	To Be	Henry Jo	hnson		1 110	Havos	wardle	
Maryl		-	19e. informent's Neme/Reletionship (Ty		19b. Meiling Addre	ess (Street end Number of	or Rural Route Numb	er, City or Town, S	State, Zip Code)
	1 and 2 Health a em 27 is		Mary ann Thom,	oson		oventry	rd. Ba	Ito, m	d. 21229
Ore	Pages 1		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ R	000	ece of Disposition (A metery, cremetory o	r othar place)	Dete		City or Town, Stata
Baltimore,			4 ☐ Donation 5 ☐ Other (Specify)		T Zion	· Cemeter	y 2/27/97	LAND:	Downe, mel.
Ba	Departi Departi Importa any Inju		21. Signature of Funeral Segnor License	EH 1	1 11 22 Name	and Address of Fecility Inity Fun	ieral of	one,	21201 BAGO.md
	-		23e. Part1. Poter the disease or compli	ications that causad the deeth	108.	WEST N	orth C	werue	13AUO. md Approximate
	Physician		23e. Part1. Enter the disease, or complishock, or heert feilura. List only or	ne cause on each lina.	A TOT OTHER BIT	odo or cymig, oddir oo oo	rollos of roopilotory c		intervel Between Onset end Deeth
4	/Medical		immediate Cause (Finel disaesa or condition	sepsis					2 days
	Examiner	-	resulting in deeth)		es a consequence o	of):			
	ped list	nine		, bowd per	foration				1 days
·,	axecu n and iel-tra	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	frank Due to (of	es e consequence o	N):			2 days
68760,	deeth cartificate be axecuted e attending physician and xd for use as the buriel-transit	edical	thet initieted events	Due to (or	es e consequence o	f):			
	ing ph		resuiting in deeth) Lest		3 (1)	•			1154
Box	seth carlif attending for use a	Physician/M	d	J. —-					
P.O.	t the de by the s tached	ysic	Pert II. Other significant conditions con	itributing to death but not result	Iting in the underlying	g ceuse given in Pert I.	23b. Did	tobacco use conf	tribute to the cause of death?
	as that the igned by be detacted	by Ph					1	Yes 2 No	3 Probably 4 ☐ Unknown
Records,	- 00 TO						24e. Wes	en eutopsy	24b. Were autopsy findings evaileble prior to
900	sw requisite bean 2 should	piet					— pend	ormed?	completion of ceusa of deeth?
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Vital	Physician: The this certificate ral director, page	Be (25. Wes case referred to medical examinar?				Deeth (Check only	one)	
of	this aldi	. To	1 Yas 2 No	The second second	ER/Outpatient 3 1		ing Home 5 Resi		
on	Ing After	tion	1 ☑Neturei 5 ☐ Pending 2 ☐ Accident investigation	(Month, Dey Year)	28b. Time of injury M	28c. injury at Work? 1 ☐ Yes 2 ☐ No		how injury occurre	o .
Division	if or Attending after death. Director: After d in by the fune	Certification:	3 Suicide 6 Could not be determined	28e. Plece of injury - At hon	ne, ferm, street, fact	ory, office			r or Rural Route Number,
ā	rs after al Direction by	Cert	4 Normalde	building, etc. (Specify)			City or To	wn, Stele)	
	To the Hospital or a within 24 hours after To the Funeral Direct completely filled in the funeral or a second to the funeral filled in the funeral filled	edical	(Check only 2 Medical Examin	sician: To the best of my know ner: On the basis of examinetic	riedge, deeth occurre on end/or investigate	ed et the time, dete end p on, in my opinion, deeth	olece, end due to the occurred at the time,	ceusa(s) end men dete and piece, e	ner as steted. and due to the ceuse(s)
	ithin 2	Mec	one) 29b. Signature and title of certifier	end menner steted.	2	29c. License number		29d. Date signed	(Month, Day, Year)
	F ≥ F 8		K. Chartornsa	eng, M.D.			145		
	\		30. Nema end address of person who co	impleted cause of death (Item	23e) (Type, Print)				
	+		K. CHANTORNSAENG ST. A	AGNES HOSPITAL 9	200 CATON	AVE. BALTIA	norE, MD	2/229	
	Sta Registr		FEB 25 1997	32. Registrer's Signetu	r-Randell		2		



State of Maryland / Department of Health and Mental Hygiene 97 05406

							Ce	rtificate	e of	Death			Reg. No.		
			1. Decedent's Nama (First,	Middla, L	ast)							2. Data of [Peeth	. E. D.	3. Tima of Death
	Physic /Medi		Anne M. Leon	nard								Febru.	Day	Yaar 1997	12:30 p.m
	Exami		4a. Fecility Nama (If not ins 7080 Cradler							4b. City, To		ocation of Dea		of Deeth	112.50 p.m
	Funeral Director		5. Social Security Number 053-16-4600		Sex 1□M 2 [] F	7. Aga (In yrs.		If Undar Months	1 Year Days		24 Hrs. Min.	8. Dete of B (Month, L	irth Pay, Year)	9. Birthr Cour New	olaca (State or Foraign htry) York
	P.		Usuel Rasidence of Deceda										3 1/11	LICW_	TOLIC
	e Meryler	ctor	MD 10b. C HC	ward			y,TownorLo lumbia							1	0d. Insida City Limits Yas 2 □ No
	23a or 2	Funeral Director	10e. Street and Number 7080 Cradler	ock	Way Apt	. 319		10f. Zip	Code 104	5			10g. Citizen of United S		,
020	De filed within 72 hours after death with the Meryland ntal Hygiene. Id other than "natural", or liems 23s or 28s-f show event, the Medical Examiner must be notified at	by	11. Maritai Status t ☐ Never Merried 2☐ 3 ☑ Widowed 4 ☐ Div		12. Was Dac Armed Fo 1 ☐ Yas If Yas, Gi Yaer or D	2€No va		Was Deced If Yas, spec 1 ☐ Yas 2				ecify Yas or N Rican, etc.)	lo- 14. Ra Bla Specif	ck, Whita,	can Indian, atc. ite
21215-0020	rithin 72 ho ne. nen "natu	Completed			ducation eda com <i>platad)</i> Collega (1-4or 5+)	16a. Dece (Giva lifa.	dant's Usue kind of wor DO NOT us	l Occu k dona a ratire	pation during mos ed)	t of work	ing	16b. Kind of B	usinass/în	dustry
	filed with Hygiene. rther than	S	11		0		Ret	ail Bu	uye:				Retai		
Maryland	2 should be filed within and Mental Hygiene. Is marked other than surmetic event, the M	To Be	17. Father's Nema (First, M Carmine Mezz		t)		<u> </u>					a (First, Middl Cosvell	e, Maidan Sumar .O	na)	
Mar	2 sho		19a. Informant's Name/Rail										ber, City or Town		
	ss 1 end 2 should of Health and Mer Item 27 is marks other traumatic		Michael Geno	vese	/ Son	201 5				ind Wa	ay Co		, Maryla		
Baltimore,	permit. Pages 1 Department of F Important: If its any injury or ot once.		20a. Method of Disposition 1 ☐ Buriel 2 ☐ Crama 4 ☐ Donation 5 ☐ Ott			State 0	Placa of Dispo ematary, crain timore	matory or of	har pla		em. 2	Data 2/22/97	20c. Location		own, Stata aryland
Balt	permit. Pages Department of Important: If I any Injury or once.		21. Signature of Funeral Se	rvioù Lios	D. O. A	Q,						Inc.	urel. Ma	arvla	nd 20707
	Physician		23a. Party Enter the disea shock, or heart failure	se, or con List only	one carusa on a	saused the death									Approximate Interval Between Onsat and Daath
ă	/Medical		Immedieta Causa (Final disaasa or condition		('A CAM A	2	rator		dica	000	,			15
	Examiner		rasulting in death)		аС	Dua to (o	r as a consec	quanca of):	7	UISE	ase	<u> </u>			15 years
-	be sit	ine			h									Į.	
o,	icate be executed physician and s the bunal-trensit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Causa (Disease or Injury			Dua to (or	r as a consec	quance of):							
ox 68760,	death certificate be executed e attending physician and ed for use as the burial-trensit	n/Medicai	that initiated evants rasulting in daeth) Last	J	d	Due to (or	r es a conseq	juence of):							
Bo.	death e atter	siciar	Part II. Other significant co	nditions	contributing to de	eath but not resu	ulting In the u	nderivina ca	use oi	van in Part i		23b. Die	I tobecco use co	ntribute to	the cause of death?
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of Vital Records,	v requires been sign should be	Completed by											s an autopsy iomad?	ev	ara autopsy findings eilebla prior to mpletion of cause death?
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o uoi	ding Ph			anding vastigatio		of Injury th, Day Yaar)	28b. Time of Injury	M 28	Sc. Inju Wo	ryat ⊮rk?]Yas 2 🗆		28d. Dascribe	how Injury occur	red	
P	Director Director	Certification:	3 ☐ Suicida 6 ☐ C	ould not b atarmined	28a. Place	of Injury - At hong, atc. (Specify	oma, farm, str	reat, factory,	office				(Straat and Numi own, State)	per or Aura	I Routa Number,
_	Hoperat 24 hours Funeral letery filled	edical C	29a. Cartifiar (Check only one)	tifying Pi dical Exar	miner: On the be	best of my know esis of axaminat nar stated.	wladga, daati ion end/or in	occurred a vastigation,	t the ti	me, date en opinion, daa	d placa, th occur	and dua to the	a causa(s) and man, data and placa,	anner as s and due to	tated. the causa(s)
	To the Ho within 24 To the Fun completery	Me	29b. Signature and title of o	gyer, /	,					sa number			29d. Data signe		
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			Pio L. PE	ble	te M.I). 11	1055	Little	Po	tuxe	nt P	arkuc	y Colus	ubia	MD 2104
	Sta Registr		31. Data tilad (Month, Dey, FEB 2 5 199	Yaar)	9 . 32 P	egistrar's Stepa	ndelle					/	/		

DHMH 16 Rev 6/95



			Decedent's Neme (First, Middle, Las			ertificate	of Death		Reg. No.	3. Time of Deeth
	Physic /Medi	cal	4e. Fecility Name (If not institution, give	John C	larence	Little	Ab City Town or	Month	24, 1	997 6:15 a.m.
4	Examiı	ner	2305 Cloville /					more City		N/A
	Funeral Director		214-30-4045	7. Age	(In yrs. last birthda 63 Yrs.	Months D		8. Dete of Birth	r, Year)	9. Birthplece (State or Foreig Country) Maryland
	and and		Usuel Residence of Decedent 10e. Stete 10b. County		10c. City, Town or	Location				10d. Inside City Limits
	Many Fred a	tor	Md. Baltim	ore			Catonsvi	lle		1 ☐ Yes 2 ☑ No
	or 284	Director	10e. Street and Number			10f. Zip Co	de		10g. Citizen of V	Vhet Country?
	23a	rai	5912	Franklin	Avenue		21207		United	States
21215-0020	72 hours efter death with the Maryland naturel", or items 23a or 28a-f show ited Exarterer must be notified at	by Funeral	11. Maritel Stetus 1 □ Never Merried 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent E Armed Forces? 1 ☐ Yes 2 ☑ No If Yas, Give Yeer or Detes:		3. Wes Decedent If Yes, specify 1 ☐ Yes 2 【☐	of Hispanic Origin? (: Cuben, Mexican, Puel No Specify:	Specify Yes or No- to Rican, etc.)	14. Rec Bled Specify	e - American Indien, kk, White, etc.
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Box 68760,	death certificate be executed e attending physician and indicate as the buriel-transit	in/Medical Examiner	immediate Ceusa (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest	. He	Due to (or as a cons	AQUI septimence of): sequence of):	vel			Jew myn b
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State Registrar

State of Maryland / Department of Health and Mental Hygiene

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death Physician Month 3:00 AM 23 February /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Gilchrist 'enter Baltimore 10WSON If Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Dey, Feb. 2, 5. Social Security Number 6. Sex If Under 1 Year 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□ M 2⊠ F Deys 212-12-2247 Yrs. **Director** Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 1√ Yes 2 No Maryland N/A Baltimore 10e. Street and Numbar 10f. Zip Code 10g. Citizen of What Country? 20 Blythewood Road 21210 U.S.A. 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yas, Give Was Decedent of Hispanic Origin? (Specify Yes or No. It Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Completed by 3 ₩ Widowed 4 Divorced White 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) 12 years Homemaker Own Home 17. Fether's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Meidan Sumame) Be Howard Barnitz 10 Martha Bell 19a. Intormant's Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number or Rurel Route Number, City or Town, State, Zip Code) Kim Eierman 317 Ivy Church Road Timonium, Maryland 21093 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 2-25-97 Green Mount Crematory Baltimore, Maryland 21. Signature of Funeral Servica Licensee 22. Name end Address of Facility Mitchell-Wiedefeld Home 6500 York Road Baltimo 23a. Part1. Enter the times shock, or heart tailura Baltimore, Maryland 21212 or complications thet caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrast, list only one cause on each lina. Approximata Interval Batween Onsat end Death **Physician** Immediete Cause (Finel disease or condition rasulting In death) /Medical 3 month Examiner Examiner Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence ot) Physician/Medical Due to (or as a consequence ot) Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 00 3 Probably 4 Unknown by Completed 24b. Were autopsy tindings available prior to 24a. Was an autopsy completion of cause of death? 1 X Yes 1 ☐ Yes 2 No 25. Was case reterred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospice 10 1 ☐ Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA 28a. Date of Injury (Month, Dey Yeer) 27. Mannar of Death 28c. Injury at Work? 28d. Describe how injury occurred Medical Certification: 5 Panding Investigation 1 Yes 2 No

The law requires that the death certificate be executed for use as the buriel-tran Box 68760, P.O. Records, certificate has of Vital ding Physician: this o

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permit. Peges 1 and 2 Department of Heelth e Important: If Item 27 is any Injury or other trea

death y

Peges 1 and 2 should be filed within 72 hours effer nent of Heelth end Mental Hygiene.

al Hygiene.

Baltimore, Maryland 21215-0020

1 Datural
2 Accident

29a. Cartifian

3 Suicide 4 Homicida

6 Could not be determined

NOT AppLic. M 1 = 28e. Place of Irflury - At home, tarm, street, factory, offica building, atc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and the of or

29c. License number

29d. Dete signed (Month, Dey, Year)

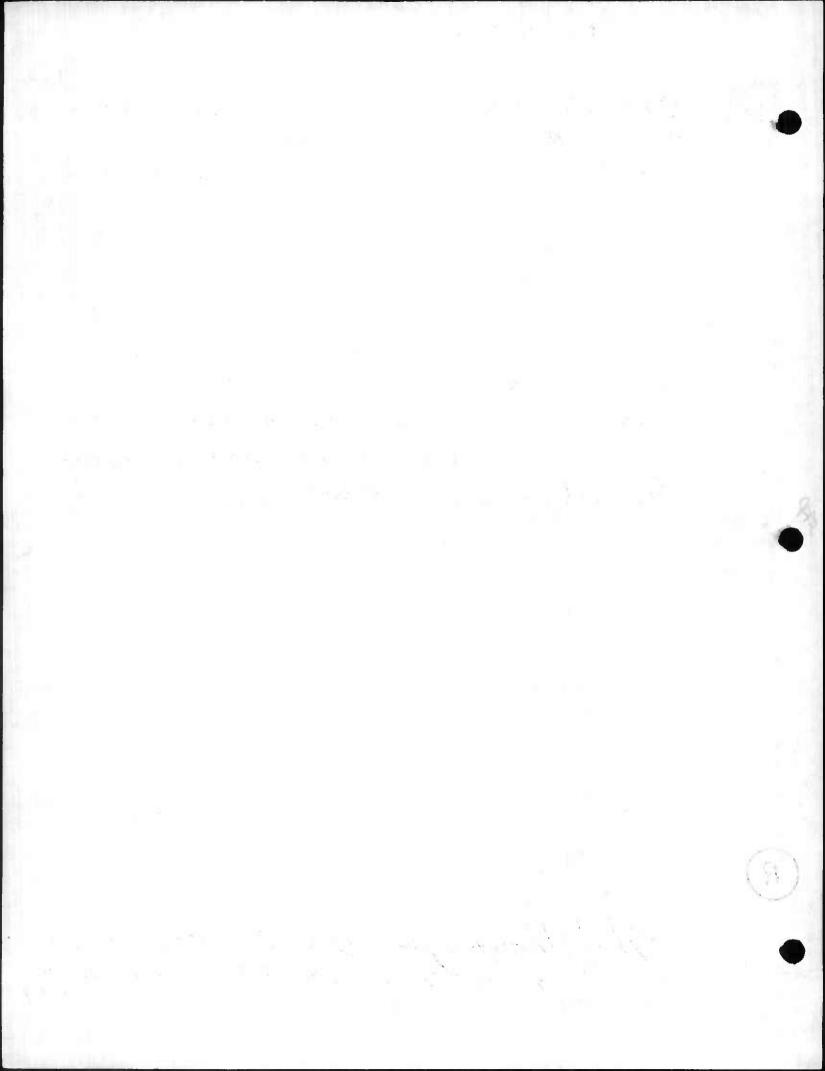
6701 N. Charles St. Balto.

State Registrar

no complated cause of death (llang 23a) (Type, Print) 3 Registrar's Signeture

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office	cto	MD	HARFO	KD US	BE	L AIR				1 XYes 2
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death LEE LEVIN FEB. 8:30 AM 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth 9 POMONA NORTH, APT. 8 BALTIMORE BALTIMORE 7. Age (In yrs. last birthdey) If Undar 1 Yaar If Under 24 Hrs. Birthpieca (Steta or Foreign Country) 8. Dete of Birth (Month, Day, Year) Deys 1□M 2√F Yrs. 84 APRIL 16, 1912 WASH., DC 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yes 2 ☐ No BALTIMORE BALTIMORE 10f. Zip Code 10g. Citizen of Whet Country? 9 POMONA NORTH, APT. 8 21208 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 22 No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - Amarican Indian, Black, White, etc. 1 Navar Married 2 Married 1 Yes 2 No Specify: Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Coilege (1-4or 5+) AUTHOR LITERATURE 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) LAWRENCE R. LEE **ALEXANDRA** McDANNOLD 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) M. JASTROW LEVIN (HUSBAND) 9 POMONA NORTH, APT. 8 BALTIMORE, MD 21208

Deta

2/21/97

death with the Maryland ns 23a or 28a-f show must be notified at Rems 2 traumatic event, the Medical Examiner Pages 1 and 2 should be filed within 72 hours after nent of Health and Mental Hygiene.
Int: If fem 27 Is marked other than "natural", or flea.
Iny or other traumatic event, the Mental Experiment. 21215-0020 Baltimore, Maryland permit. Page Department of Important: If any injury or

Physician

/Medical

Examiner

Funeral

Director

ALEXANDRA

5. Sociel Security Number

216-46-1583

10e. Street and Number

11. Meritai Status

10a. Stete

Director

Funeral

þ

Completed

Usuai Residence of Decedent

Eiementary/Secondery (0-12)

20e. Method of Disposition

Immediate Ceuse (Finel

disaase or condition resulting in death)

1 N Buriel 2 □ Cremation 3 □ Removel from State

4 ☐ Donetion 5 ☐ Other (Specify)

Physician /Medical **Examiner**

> signed by uneral

certificate has

this

Ather

Director

B

The law requires that the death certificate be axecuted

P.O. Box 68760,

Division of Vital Records,

Physician:

physician

Physician/Medical ρ Completed Be 2

Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting In death) Lest Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

25. Was case referred to medical 1 Yes 27. Manner of Deet Medical Certification: Naturel 2 Accident

3 Sulcide

29a. Certifier

4 Homicide

Certifying Physician: To the best of my knowledge, death occurred et the time, date end plece, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date and place, and due to the cause(s) and menner stated. 29b. Signature and title of certifier

5 Pending

investigation

6 Could not be determined

28e. Dete of Injury (Month, Dey Yaar)

29c. Licensa number

1 Yes 2 No

28c. Injury et Work?

29d. Date signed (Month, Day, Year)

30. Name and ted cause of deeth (Item 23e) (Type, Print) GREENTREEND

32. Signeture ha Davidson

Hospitai: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA

28b. Time of

28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify)

DHMH 16 Bey 6/95

State Registrar 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 Approximate on each line. Approximata Interval Between Onset end Death PROGRESSIVE MUSCELAR ATROPH
Due to (or es e consequence of):

SOL LEVINSON & BROS., INC.

ARLINGTON (CHIZUK AMUNO)

22. Name end Address of Fecility

MOTOR NEWNOW

20b. Piece of Disposition (Neme of cemetery, crematory or other piece)

Due to (or as e consaquanca of)

23b. Did tobacco usa contribute to the cause of death?

1 Yes 20 No 3 Probably 4 Unknown 24a. Was an autopsy performed?

20c. Location - City or Town, State

BALTIMORE, MD

24b. Were autopsy findings available prior to completion of cause of deeth? 1 ☐ Yes 2 ☐ No

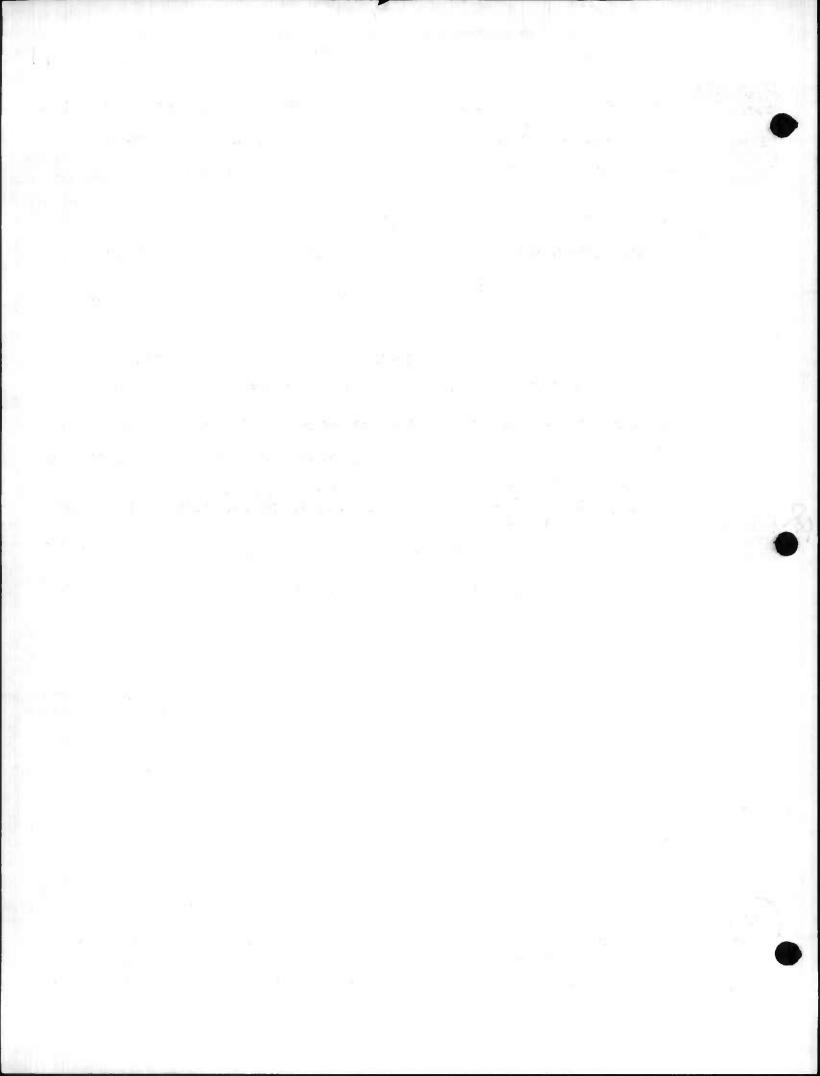
Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how injury occurred

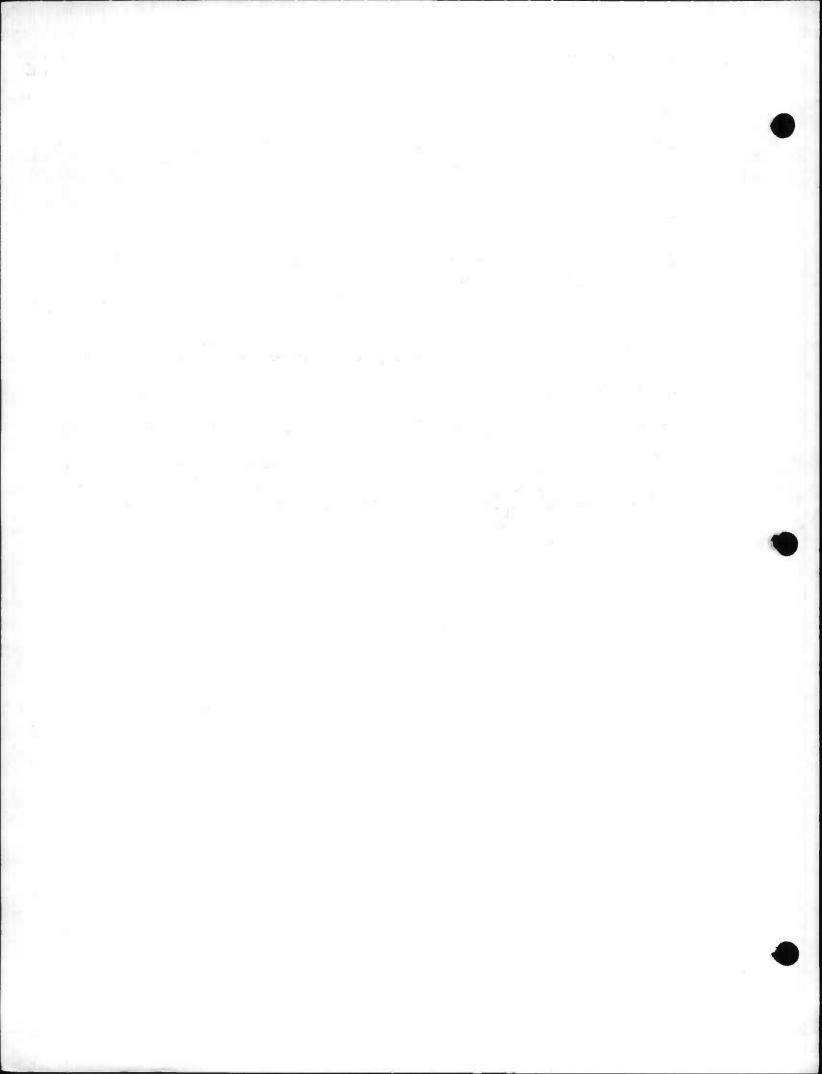
28f. Location (Street end Number or Rural Route Number, City or Town, State)

1 Yes ZU No

26. Plece of Death (Check only one)

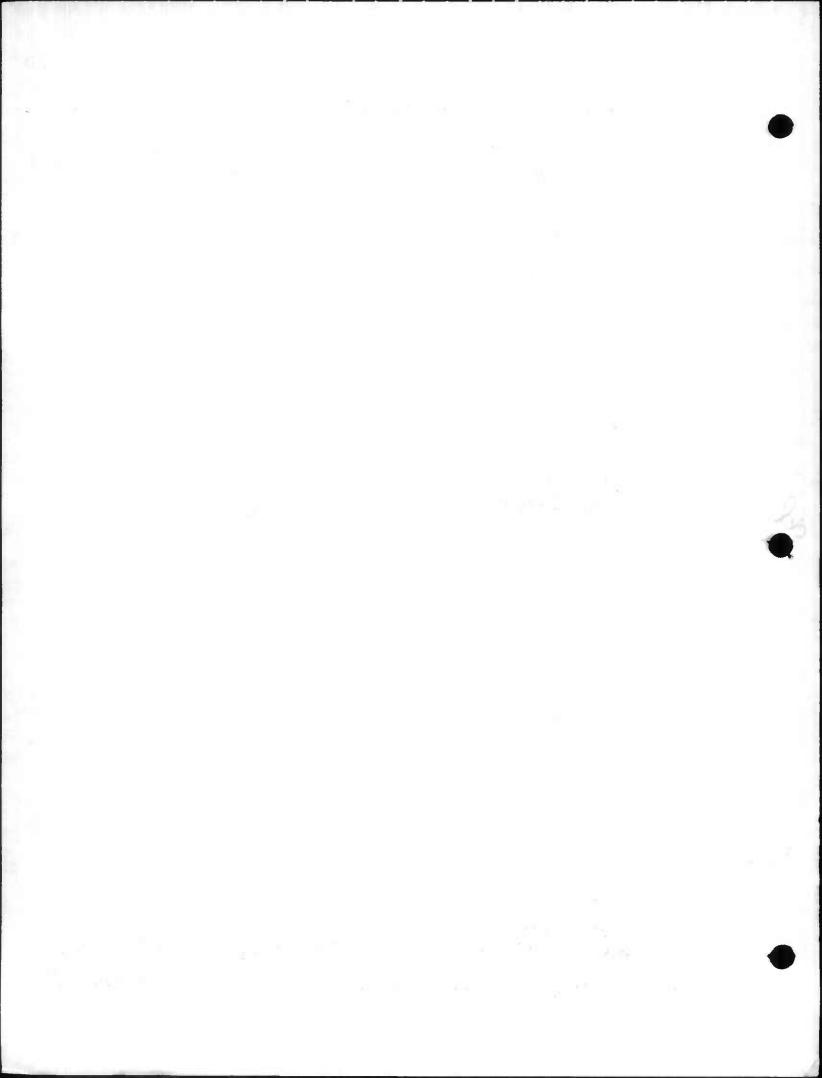


	100	per FH F11m6/44 2/	25/State of Maryland / Dep Co	ertificate of	Death		g. No.	97	05412		
Physicia	an	Decedent's Name (First, Middle, L.				2. Date of Deat Month	h Day	Year	3. Time of Death		
/Medic			dward miller			Feb	23	1997	0424		
Examin Funerai Director	er	2/3-07-7318 Usual Residence of Decedent	HOSPIZZL Sex 7. Age (In yrs. last birthda 12 M 2 F 22 Yrs.	Months Days	Hours Min.		4c. Count Year) 1914	0 Riethn	lace (State or Foreign try) g/N/d		
ahow ad at	Director	10a. State 10b. County		10c. City, Town or Location					10d. Inside City Limits		
28a-f notifie			Ne Balt	e			1 ☐ Yes 2 ☐ No				
P of		10e. Street and Number			16	g. Citizen of	What Coun	itry?			
78 23 ITM8	Funeral	29 DUN -	12. Was Decedent Evar in U.S. 13	2/2		oifu Vac ar No	14 80	ce - Americ	on Indian		
ar, or itse	To Be Completed by Fun	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yaar or Dates:	If Yes, specify Cub	dispanic Origin? (Spe an, Maxican, Puerto F Specify:	Ricen, etc.)		ck, Whita,			
satura Isal B		15. Decedent's I	Education 16a. Dec	edent's Usuel Occup	pation		6b. Kind of E	Jusiness/Inc	dustry		
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등등		17. Father's Neme (First, Middle, Las	·		18. Mother's Name	(First, Middle, M	feiden Sumai	ne)			
magic e			MILLER		Virgin.	12 C	LaR	K			
TBUT I		19a. Informant's Name/Reletionship	71,711,71		and Number or Rure	Route Number,	City or Town	, Stete, Zip			
m 27		Caroly Bai	/e y - Doughter 29 20b. Place of Discemetery, cr	DUNBAR	AVE. BOL	-TIMOR	e m	d 2	1228		
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dury		4 Donetion 5 Other (Spec	King King	Memori	a L Park 2	-28-97 6	3/7/m	ore.	md,		
any it		21. Signature of Funeral Service Lice	onse	22. Nama and Addre	ss of Facility	S FU	INCR	2L F	10 me		
ician dical		23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Shock, or heart failure. List only one cause on each line. Approximately a such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.									
miner		disease or condition resulting in deeth)	e. Respirat	adriance of).	i livie			<u> </u>			
	ner		Lung	Cancer							
and Ftransit	Medical Examiner	Sequentially list conditions,	b. Due to (or as a cons								
physicia ts the bur		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last	c. Charainic Obst Put munarry Disease. Due to (or as a consequence of):								
for use a	Physician/M		d					1			
ped f	/sic	Part II. Other significant conditiona	contributing to death but not resulting in tha	23b. Did tobacco use contribute to the cause of death?							
Peg	þ				†XY	Yes 2 No 3 Probably 4 Unknown					
nas been s ge 2 should	Completed					24a. Was er perform		ava	ere autopsy findings ailable prior to appletion of ceuse deeth?		
page.	S					1□ Ye	s 2 1 No	1 🗆	Yes 2□ No		
s certificate director, pag	Be	25. Was case referred to medicel exeminer?	Hospital:	100		th (Check only one)					
a la	edical Certification: To	1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending 2 Accident investigation	Hospitat: 1 Anpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28a. Date of Injury (Month, Dey Year) 28b. Time of Injury M 28c. Injury at Work? 1 Yes 2 No						/)		
To the Funeral Director: After completely filled in by the fune		3 Suicide 6 Could not determined		Ref. Location (Street and Number or Rural Route Number, City or Town, State)							
To the Funeral Director: completely filled in by the		29a. Certifier 1 Cartifying P (Check only one)	nysician: To the best of my knowledge, deeth occurred at the time, date and place, and dua to the cause(s) and manner as stated. minar: On the basis of examination and/or investigation, in my opinion, death occurred at the tima, date and placa, and due to the ceuse(s) and manner stated.								
To the	Me	29b. Signature and title of certifier		e number	29d. Date signed (Month, Day, Year)			Day, Year)			
,) Va	CA - D 480 95			FEB 23 97					
1	-	30. Neme end eddress of person who	completed cause of deeth (Item 23e) (Type		- M	1.0	01	/			
		Dr. VIJA									
	te	31. Date filed (Month, Day, Year) FEB 2 5 1997	32. Registrar's Signature July Davidson-Rande								



State of Maryland / Department of Health and Mental Hygiene

Item \$a.5 Per FH Film G744 2-25-97 rja Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3 Time of Death Voer **Physician** MCLITOP PETER 9:00 Pm February 20 1997 /Medical 4a. Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 518 N. LoudonAvenue Baltinore 240-28-9163 If Under 1 Yeer Months Deys If Under 24 Hrs. 8. Dete of Birth (Month, Dey, 5. Sociei Security Number 7. Age (In yrs. last birthdey) 9. Birthpiece (State or Foreign Country) **Funeral** Year) 100 M 2□ F 240-28-9163 Yrs. Director July Usuel Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglena. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Exercises. 10e. Stete 10b. County 10c. City, Town or Location 10d, inside City Limits MU 1 Yas 2 No Directo Daltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? Loudon 5/8 Avenue 21229 Funeral 12. Wes Decedent Ever in U.S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 14. Rece - American Indien, 1 Yes 2 No If Yes, Give Yeer or Detes: 1 Never Merried 2 Married 1 Yes 2 No Black Specify: þ 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Many facturing Eiementery/Secondary (0-12) College (1-4or 5+) ork lift Operator Unknown 17. Fethar's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be Johnson William 2 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informant's Neme/Reletionship (Type, Print) Avenue 578 Lead -wrte N. London Ba Hmore Irabeth 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Buriel 2 Cremetlon 3 Removel from State Hemonal Garden Balto Ma 4 ☐ Donetion 5 ☐ Other (Specify) 2-26-97 21. Signature of Fugeral Service Licenses 22. Name and Address of Facility 4300 wabash Svenue in 23a Den 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart feilure. List only one cause on each line. Approximate intervel Between Onset and Deeth Physician Immediate Cause (Final disease or condition resulting in deeth) /Medical MYBLODA MUNIS 11/13 **Examiner** Due to (or es a consequence of): Physician/Medicai Examiner The law requires that the death certificate be executed attending physician and for use as the burlal-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as e consequence of): Records, P.O. Box 68760, Due to (or as a consequence of) resulting in deeth) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco uss contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown à 24b. Ware sutopsy findings available prior to completion of cause of death? 24a. Wes en eutopsy Completed performed? pertificata has paga 1 Yes 2 No 1 ☐ Yes 2 ☐ No ita 25. Wes case referred to medical Be 26. Piece of Death (Check only one) Hospitel: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No 10 27. Menner of Deeth 28c. injury at Work? Certification: 28d. Describe how injury occurred 5 Pending investigetion 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Sulcide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 | Homicide 24 hours Funeral 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner es stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner stated. edical To the Hose within 24 ho To the Fune complately I (Check only one) 29b. Signetille and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) Di 30. Neme and/address of person who completed cause of death (Item 23a) (Type, Print) SHAVERS MBAMB RO 18 CAMP Stoke Daydon State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

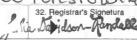
State of Maryland / Department of Health and Mental Hygiene

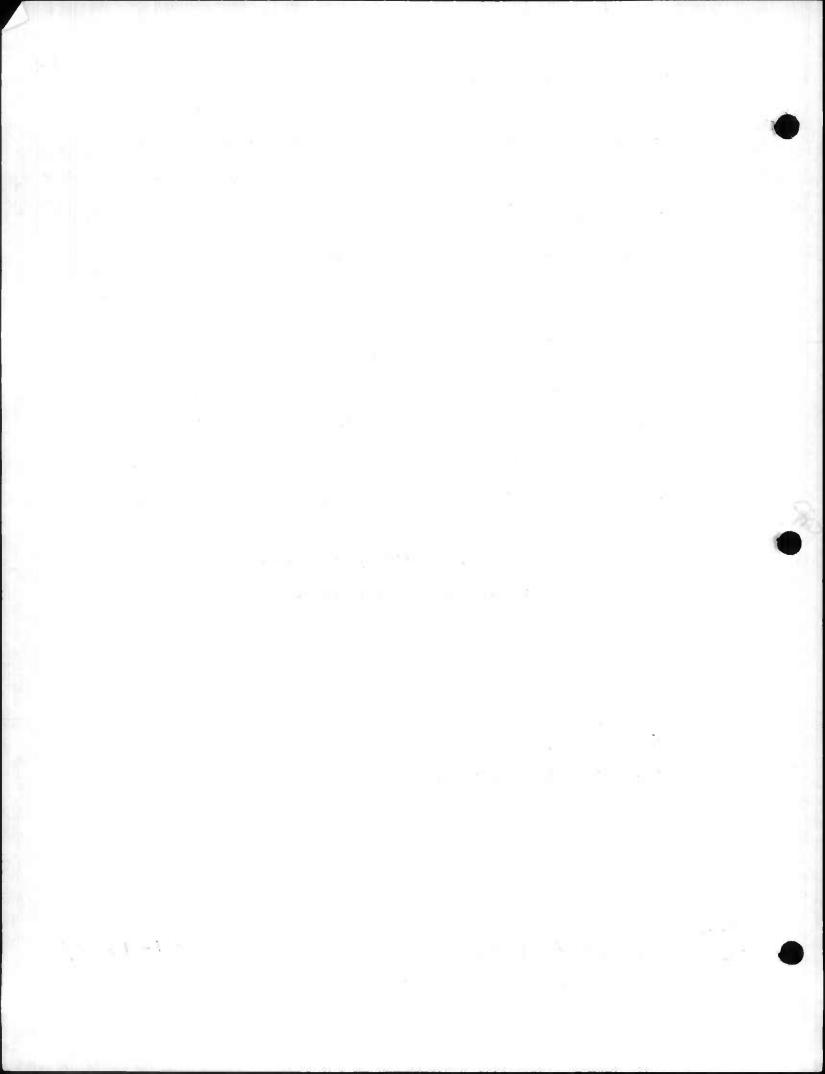
Certificate of Death

			29c	State of Ma		Cartis		Health of Death				7 0	5414	
			1. Dacadant's Nama (First, Middle, Last)							Reg. No. 2. Data of Death 3. Time of Death				
	Physic		Imoni Taylor Mintz							Month	anuary 14,1997 4.30			
	/Medi Examiı		4a. Facility Nama (If not Institution, giv					4b. City, To	own, or Loca	ation of Deeth	4c. County		4.30 Mi	
			Holy Cross Ho	spital				Silv	er Spi	ring	Monts	gomery		
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	the att		Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Shocke Anemia Presumed Infection.						l.	23b. Did tobacco use contributs to the cause of death?				
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Division			4 Homicida datarminad	28e. Place of Injury - At home, ferm, street, factory, office building, atc. (Specify)			28	28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)						
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	24 h		29a. Certifilar (Check only one) Check only one) Certifying Phyalcien: To the best of my knowledge, death occurred et the tima, data and placa, and due to the causa(s) and mannar as stated. Check only one) Medical Examiner: On the best of axemination end/or investigation, in my opinion, death occurred at the tima, data and placa, and due to the cause(s) and mannar stated.											
	-	Me	29b. Signature end title of certifiar	a		29c. License number				2	9d. Date signe	Date signed (Month, Dey, Year)		
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State Registrar

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State of Maryland / Department of Health and Mental Hygiene 05415 Certificate of Death 1. Decedant's Nema (First, Middle, Last) 2. Deta of Death **Physician** Month Donnie Jan /Medical 4b. City, Town, or Location of Death Examiner ARS 1 Ince George

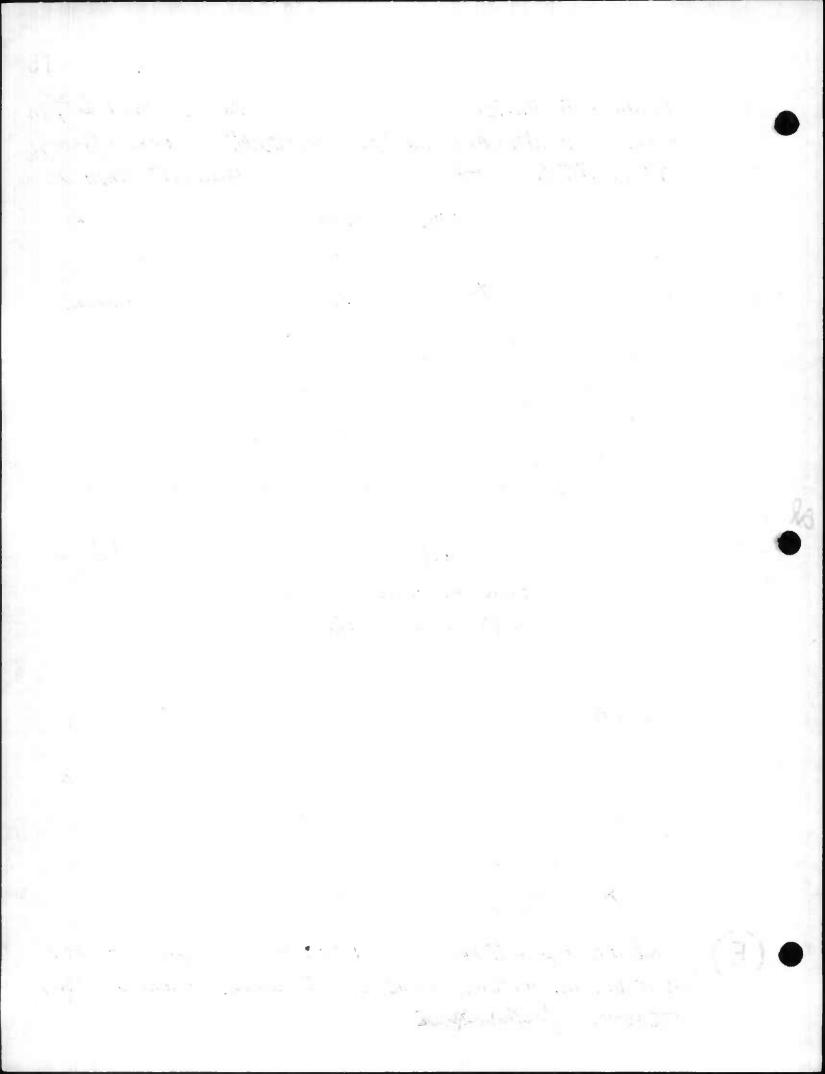
9. Birthplaca (Stata or Foreign
Country) Yaar If Undar 24 Ars **Funeral** Months Days Hours Director the Maryland 10a. State 10b. County 10c. City, Town or Location 10d, Insida City Limits rei', or items 23a or 28a-f show Examiner over be notified at Director 1 Tas 2 □ No D.C. 10e. Straat and Number 10g. Citizen of What Country? unknown unknown U.S.A. Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Give Year or Datas: 11. Marital Status 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, White, atc. 1 Navar Marriad 2 Marriad Baltimore, Maryland 21215-0020 by 3 ☐ Widowad 4 ☐ Divorced Specify: Black "naturel". Completed traumatic event, the Medical 15. Dacedant's Education (Spacify only highest grade completed) 16a. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry should be filed within 7, and Mental Hygiena. Elemantery/Secondary (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Father's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumeme) Be permit. Pages 1 and 2 should be t Department of Haaith and Mental I Important: If Itam 27 is marked or any injury or other traumatic eve unknown unknown 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stete, Zip Code) unknown unknown 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of camatary, cramatory or other placa) Data 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from State 4 □ Donation 5 □XOthar (Specify) in-state 21. Signature of Funaral Sarvice Licansea 22. Nama and Addrass of Facility Ronald S. Wade, Director State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onsat and Death Physician Immadiata Causa (Final disaasa or condition rasulting in death) /Medical Examiner Examiner physician and the burial-fransit Sequentielly list conditions, if any, laading to immadiata causa. Entar Undarlying Ceuse (Disaasa or Injury thet initiated events rasulting in daath) Last Box 68760, Physician/Medicai P.O. signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Dementis Division of Vital Records. by 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? paga 2 s 1 Yas 2 No 1 Yas No Hospital or Attending Physician:
24 hours after death.
 Funeral Director: After this cartifica 25. Was case refarred to medical axaminar? Be 28. Place of Deeth (Check only ona) Othar: 1 Yas 2 No Certification: To 1 Inpatiant 2 ER/Outpatient 3 DOA 4 Nursing Homa 5 ☐ Rasidance 6 ☐ Other (Specify) 28e. Dete of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Dascribe how Injury occurred 5 Panding invastigation 1 Neturel 2 Accident 1 Yas 2 No 6 Could not be detarmined 3 Sulcida 28f. Location (Streat end Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 2 4 Homicida edicai Certifying Physician: To tha best of my knowledga, death occurred et tha tima, data and place, and dua to the cause(s) end mannar as stated.

| Medical Examiner: On the best of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mannar stated. 29a, Cartifian (Check only one) å 54 29b. Signatura and titia of certifia 29c. Licensa number 29d. Data signed (Month, Day, Year) 30. Nama end addrass of person who complated cause of death (Itam 23a) (Type, Print) MD, S85 MAIN STREET, LAUREL, MARYLAND 20707 D. 31. Data filad (Month, Day, Yaar)

DHMH 16 Rev 6/95

State Registrar

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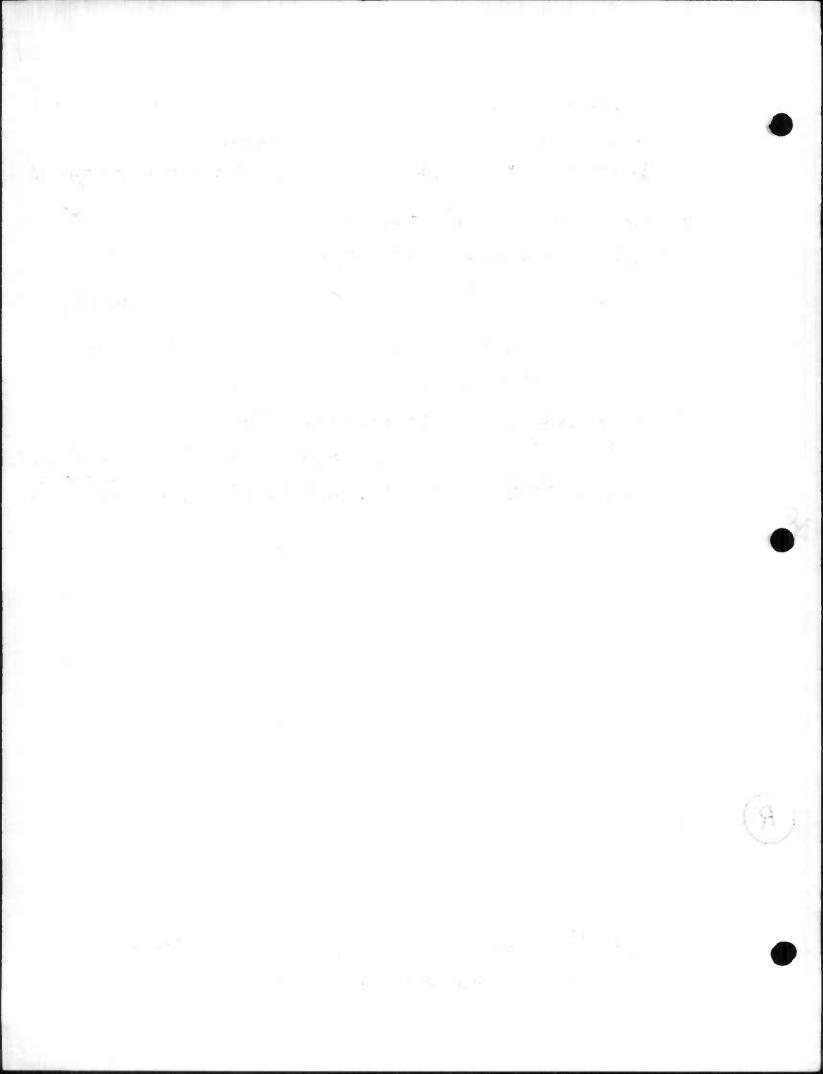
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/Medica Examine	_	1a. Facility Name (If not institution, give streat and number) Chulch + Home Hosp,		4b. City, Town, or 1	Location of Death	1 . /	Death
ineral rector	6	5. Social Security Number 6. Sex 7. Age (I	In yrs. last birthday) If Undar 1		8. Data of Bin (Month, Da	th y, Year) 9	Birthplace (State or Foreig Country)
or 28a-f show be nothing at			Oc. City, Town or Location BALL im Ore				10d. Inside City Limit
r Hems 23a or 28a-f s vice must be notified Financial Director		10e. Street and Number 1046 Old North Point R	10f. Zip Co	22 4		10g. Citizen of Whe	10
, a	2	11. Marital Status 1 Newer Married 2 Married 3 Widowed 4 Divorced 12. Was Decedent Eve Armed Forces? 1 Yes, Give Year or Dates:	er in U.S. 13. Was Deceden	t of Hispanic Origin? (S Cuban, Mexican, Puert	pecify Yes or No o Rican, atc.)	14. Race - Black,	Amarican Indian, White, atc. B LACK
R, the Madical Ex.	Danibieren	15. Decedent's Education (Specify only highast grade completed) Elementary/Secondary (0-12) Collage (1-4or 5+)	16a. Decedent's Usual C (Give kind of work of life. DO NOT use if	occupation fone during most of wor etired)	king	16b. Kind of Busin	
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Important: if tiem 27 is any injury or other trauonce.	3	1 Burlai 2 Cramation 3 Removal from State 4 Donation 5 Other (Specify) 21. Signature of Fundral Service Licenses	VOSCHELL CEN 22 Name and A 1639 N		2/25/97 24 BA4	BALLO.	1213
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CONCESTIVE HEART PAILURE YEARS

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Examiner Total Contro	г			BARBARA	NEMEMTY					S 7	1249A
South Search Young Control of Con	1			4e. Fecility Name (If not institution, gh	ve street and number)		4b. City, Town, or	Location of Deeth	4c. County	4 -	
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Immediate Cause (Final resulting in death) Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): 23b. Did tobscoc use contributs to the cause of death 1 Ves 2 No 3 Probably 4 Unknown 24e. Was en europsy performed? 25. Was case referred to medical 1 Ves 2 No 1				shock, or haert feilura. List only	one ceuse on each line.	ath. Do not enter the m	oda or dying, such as cardia	c or raspiratory ar	rest,		Interval Between
Due to (or es e consequence of): Due to (or es e consequence of):) F			Immediate Cause (Final	11.		D .				onset and Deept
Due to (or as a consequence of): Sequentially list conditions, are larger listed as a more listed as a mo	1			disease or condition	e NECROT	DONG I	PNCUMONEY	}			WEEKS
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28e. Place of Injury - At home, ferm, street, fectory, office 28f. Location (Street and Number or Rural Route Number, City or Town, Stete)	10	E E		27. Manner of Death				*			
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State of Maryland / Department of Health and Mental Hygiene

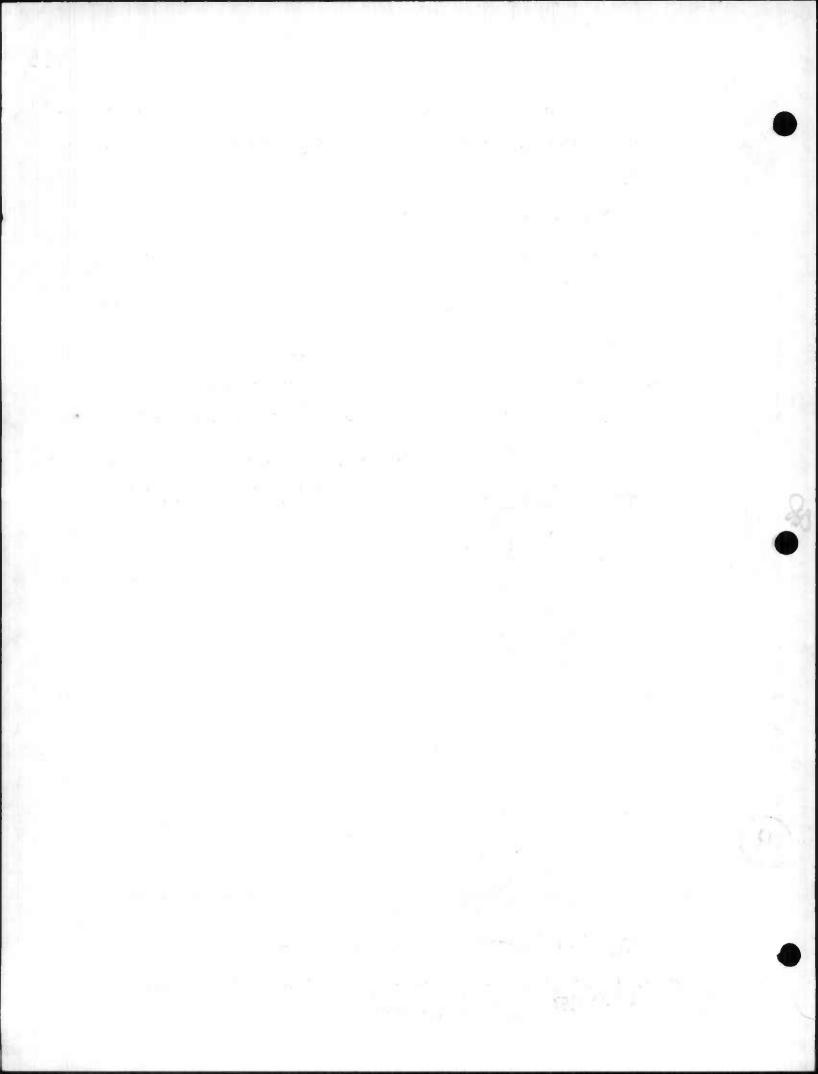
						Ce	rtificate d	of De	eath			Reg. No.		
			1. Decedent's Nama (First, Middle, L	ast)							2. Date of De	ath		3. Time of Death
	Physic /Medi		JOSEPH	GEORGE		PE	TERS				Month Februa	ry 24,	Year 1997	6:00 AM
	Exami		4a. Facility Name (If not institution, g	ve street and number)				4b. (City, Tow	n, or Lo	cation of Deat	4c. County	of Death	
			Good Samaritan N	lursing Cent	ter				Ba	ltim	nore	1	N/A	
	Funeral Director		5. Social Security Number 6. 170-10-9914 Usual Residence of Decedent	Sex 7. Aga 1⊠ M 2□ F	(In yrs. last b	irthdey) Yrs.	If Under 1 Y		Under 2	4 Hrs. Min.	8. Data of Bir (Month, De Feb. 2	th ly, <i>Year)</i> 1, 1910	9. Birthp Coun	laca (Stata or Foreign try) Pa.
	yland M M		10a. Stata 10b. County		10c. City, Tox	wn or Lo	ocation						1	0d. Insida City Limits
	death with the Maryland ms 23a or 28a-f show cmust be notified at	Director	Md. Balti	more	Ва	lti	more							1 ☐ Yas 2 ☑ No
	E o a	F	10e. Street and Number				10f. Zip Cod	fa				10g. Citizan of	What Coun	itry?
	4 23 m	-Ea	6151 Dunroming F					239					SA	
21215-0020	or its	by Funerai	11. Manital Status 1 □ Never Married 2 🖫 Married 3 □ Widowed 4 □ Divorced	12. Was Decedent E Armed Forces? 1 ☐ Yas 2 ☒ No If Yes, Give Year or Datas:	1111.0		was Decedent If Yas, specify (1 ☐ Yes 2 🔀		Hispanic Origin? (Specify Yes or Noban, Mexican, Puarto Rican, etc.) Specify:			Specif	en Indian, etc. te	
2-0	n 72 hours "natural", adical Exp	ted	15. Decedent's I (Specify only highest g	ducation	168	16a. Decedent's Usual Occupation (Giva kind of work done during most of work						16b. Kind of B		
121	s within 72 ha	Completed	Elemantary/Secondary (0-12)	Coilege (1-4or 54		life.	DO NOT use re	tired)	ng most (JI WUIKII	ig			
	Hygie other treet, th		10 17. Father's Name (First, Middle, Las	01	I	Laborer 18 Mother's New						Brewer	4	
Maryland	8 4 5 8	Be c		·/	D - 4	18. Mother's Nan								
2	2 should be and Menta is marked surratic or	To	Peter 19a, Informant's Name/Ralationship	1 ***	ers	on Address (St		Adal.		I Route Numb	er, City or Town	Metro		
_	の作用器		Mrs. Helen T. Pet									Md. 21:		0000)
e,	pes 1 and t of Health if item 27 or other tr		20a. Method of Disposition		20b. Place	of Dispo	sition (Neme o	1			Date	20c. Location		wn, State
altimore,	Pages hant of mt: If ha		1 ⊠ Burial 2 ☐ Cremation 3 I 4 ☐ Donation 5 ☐ Othar (Spec				Cemete			21/2	6/97	Dickson	n Cit	v. Pa.
Balt	permit. Pag Department Important: any injury once.		21. Signature Funeral Service II	heee D		R R	Name and Acuck Tow	idrass o	Fun	eral	Home,	Inc.		77
			23a Part. Enter the disease, or cor shock, or heart failure. List only	nolications that caused t	the death. Do	- 1	050 Yor er the mode of							Approximate
	Physician /Medicai Examiner	iner	Immediate Cause (Finat disease or condition resulting in death)	· Meto	Due to (or as a	consec	Cane	eer	δ.	+	Liver	4 21	1 hps	Onset and Death
,09	be execut ician end burial-tran	al Examiner	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disaase or Injury	C	Due to (or es a	consec	juence of):						i	
ox 68760,	law requires thet the death certificate be executed as been signed by the ettending physician end as 2 should be detached for use es the burial-transit	n/Medical	that initiated events resulting in death) Last	d	ue to (or as e	conseq	uence of):							
). Bo	s death	Physician	Part II. Other significant conditions	contributing to death but	not resulting	In the u	nderlying cause	given Ir	n Part I.		23b. Did	tobecco uea co	ntribute to	the cause of death?
О	v requires thet the death or been signed by the ettend should be detached for us		Dubatis	mulita	-8						1口	Yee 2□ No	3 Prot	pably 4 Unknown
Hecords,	uires t signe ld be	d by									24a Was	an autopsy	24b. We	ere autopsy findings
Ö	v requ	Completed									perfo	rmed?	ava	ailable prior to apletion of cause
Ä	The lay ate has page 2	ф										5/		death?
Vital		ပိ	25. Was case referred to medical	T				-	. Di /	4 D - 45	10'		1L	Yes 20 No
	Physician: rthis certific rral director,	To B	examiner?	Hospital:	t 2 ER/O	utaation	t 3 DOA	Other			(Check only o	dence 6 □Oth	/Ci4	.1
0	E = E		27. Manner of Death	28a. Date of Injury (Month, Dey		Time of		njury at Work?	40114013			how Injury occur		()
Ö	Attending P or death. ector: After by the funer	atio	1 Natural 5 ☐ Pending 2 ☐ Accident Investigation	n	rear)	Injury			2 🗆 N	0				
DIVISION	frec frec n by	Certification:	3 Suicide 6 Could not I datarmined	28e. Place of Injur building, atc.	y - At homa, fa (Specify)	arm, str	eet, factory, off	Ce		2	8f. Location (S City or Tox	Streat and Numb vn, Stete)	oer or Rura	l Route Number,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical C	29a. Certifier (Check only one)	nyeiclan: To the best of miner: On the basis of e and manner state	examination ar	e, death	occurred at the	a tima, o	date and on, daath	place, a	nd dua to tha d at the time,	cause(s) and ma dete and place,	anner as st and dua to	ated. tha cause(s)
	Vithin To th	Me	29b. Signatura and the of conffier	_			29c, Llc	ense nu	mber			29d. Date signe	d/(Month, L	Day, Year)
	n	M.O. D14959 2/24/97									197			
	10		30. Name and addrass of person who Felix Tan, M.D.	complated cause of day	ath (Itam 23a)	(Туре,	Print)	Md	. 21			/		()
	Sta	te	31. Date filed (Month, Day, Year)		ES Adorpolati									
	Registr	ar	FEB 2 5 1997	0										

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State of Maryland / Department of Health and Mental Hygiene 0.7

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					Cert	ificate of	f Death		Reg. No.	21	00413
Phys	ician	Decadant's Nama (First, Middla, La	,		Y			2. Data of E	eath	Veen	3. Tima of Death
Phys /Me	ician dical	Thomas		eton	, 5	R.		Februci	Day 23	1997	5:12 PM
Exar		4a. Facility Nama (If not institution, gir					4b. City, Town, or	Location of Das	-	ty of Death	
		North Arunder	Hospital				Glen Bui		Ann	e Ar	rundel
، Funer	_		Sax 7. Aga (li	yrs. last bi		If Undar 1 Yas Months Day:			irth	9. Birthp	placa (Stata or Foraig
Direct	or .	232-24-8800	7	7	Yrs.			March	17,1919	West	Virginia
pua *		Usual Rasidance of Decedant 10a. Stata 10b. County	10	c. City, Tow	m or Loca	tion					
Aanylan f show	ō	Maryland Anne Ar		len B						ľ	10d. insida City Limits 1 ☐ Yas 2 🔀 No
the 1	Director	10e. Street and Number				10f. Zip Coda			10.00		
with with			anch Pd			21060	1		10g. Citizan of		•
72-002.0 172 hours efter death with the Manyland "naturel", or flems 23s or 28s-f show dical Examiner must be notified at	Funeral	11. Marital Status	12. Was Dacedant Eval	r in U.S	13 Wa		Hispanic Origin? (5	Poncifu Ven er h	United	ica - Amaric	
fler of her man	F	1 Nevar Married 2 Marriad	Armed Forcas? 1	0,0.	II Y	as, specify Cu	ban, Maxican, Puar	to Rican, atc.)		ack, Whita,	
oris e	ò	3 ☐ Widowad 4 ☑ Divorced	If Yas, Giva	W 2	1□	Yas 2K No	Specify:		Speci	"Whit	6
12 should be filed within 72 hours of the and Mental Hygiens of 7 is marked other than "natural", or traumatic event, the Medical Exemi-	Completed	15. Dacedant's E	ducation	16a	. Dacedar	nt's Usual Occu	upation		16b. Kind of E		
within 72 ene. then "nat	D e	(Spacify only highast gra Elamantary/Sacondary (0-12)	Collega (1-4 or 5+)		(Giva kir. lifa. DO	nd of work doni NOT usa ratir	a during most of wo	rking			
d within giene.	5		5	Sc	hool	Admini	strator		Educa	tion	
be filed tal Hygid d other	Be	17. Fathar's Nama (First, Middla, Last)				18. Mothar's Na	ma (First, Middl	a, Maidan Suma	ma)	
should be nd Mental marked o	To	Clarence Pendlet	on				Edna Ha	arfield			
d 2 should th and Mer 7 is marke traumatic		19a. Informant's Name/Ralationship (**				et and Number or R				
EENL		Richard L. Pendl	eton / Son	8	12 S	eagrove	Rd., G1	en Burn:	ie, Mary	1and	21060
(A 40 U		20a. Mathod of Disposition	Company of the Control of the Contro	Ob. Place of cemata	Dispositi	on (Nama of ory or othar pl	ace)	Data	20c. Location	- City or To	wn, Stata
vernit. Pages t a Depertment of Hea mportant: if Item: iny Injury or othe	7	1 Buylal 2 Stramation 3 4 Donation 5 Other (Specif		Metro	Cre	matory,		eb. 25, 997	Catons	ville	, Marylan
permit. Pages Depertment of Important: If is any injury or	9300	21. Signature of Funeral Service Liber			22. N	lama and Addr	rass of Facility				,
2055	8	1 All all	10			_	Ruddick F				21061
		23a. Part1. Enter the disease, or com	plications that causad tha	daath. Do i						e, MD	Approximata
Physicia	n	shock, or haart failura. List only	ona causa on aach iina.							i i	Intarval Batween Onsat and Death
/Medica		Immediata Causa (Final disaasa or condition	\mathcal{H}	east	-	ilux				1	
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eath certificete be executed attending physician and for use as the buniel-transit	edlcai	that Initiated events resulting In death) Last	Dea	to (or as a	consaquar	nce of):				1	
ing p	Σ		Pho	ino	10	1					
The law requires thet the death centle has been signed by the attendin page 2 should be detached for use	Physician/		0	VA E	9						
e de the s	/sic	Part II. Other significant conditions of	ontributing to death but no	t rasuiting in	tha unda	rlying causa g	ivan In Part I.	23b. Did	tobacco use co	entribute to	the cause of death?
d by	F.							1	Yes 2 No	3 Prob	sabiy 4 Unknow
he law requires the has been signer age 2 should be d	by										
w requires that been signed is should be det	Completed							24a. Was	s an autopsy ormed?	avs	ara autopsy findings silabla prior to
has b	du									of c	mplation of causa death?
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iclan: The certificate rector, pag	Be	25. Was casa rafarred to medical axaminar?					26. Placa of Dec	ath (Check only	ona)		
1 20	2	1 Yas 2 No	Hospital: 1 Impatiant	2 ER/Ou	tpatlent	3□ DOA Ot	her: 4 \substack Nursing F	loma 5□Ras	idance 8 Oth	nar (Specify)
וֹלוֹים	on:	27. Manner ef Death 1 ☑ Natural 5 ☐ Panding	28a. Data of Injury (Month, Day Yea	28b. T	ima of	28c. Inju	iry at ork?	28d. Dascribe	how Injury occur	red	
13412	cati	2 Accident Invastigation 3 Sulcida 6 Could not be				M 1]Yas 2□No				
2000	Certification:	3 Sulcida 6 Could not be datarmined	28a. Placa of Injury - building, atc. (S)	At homa, fai pecify)	rm, straat,	factory, office			(Street and Numi	ber or Rural	Routa Number,
A C E											
A house	edical	Modical Exam	ysician: To the best of my linar: On the basis of exer	knowledga,	death oc	curred at tha ti	ima, data and placa	, and dua to tha	causa(s) and made	annar as str	ated.
vithin 2 To the comple	Med	3.10)	and mannar stated.					and thing,			
5 × 5 × 5	-	29b. Signatura and titla of cartifiar	u-			29c. Lican			29d. Data signe		Jay, Year)
110		/m/ co	0			Do	05072 Drive	7	2/2	-3/9	77
10		30. Nama and address of person who o		(Itam 23a) (Typa, Prin	nt)	,				
		Michael Gallag		301	Ho	spitz	Drive	, 6 lan	Burni	0	
	tate	31. Data fila (168. 25 1997	32 Registrate S	Ignatura	and on						
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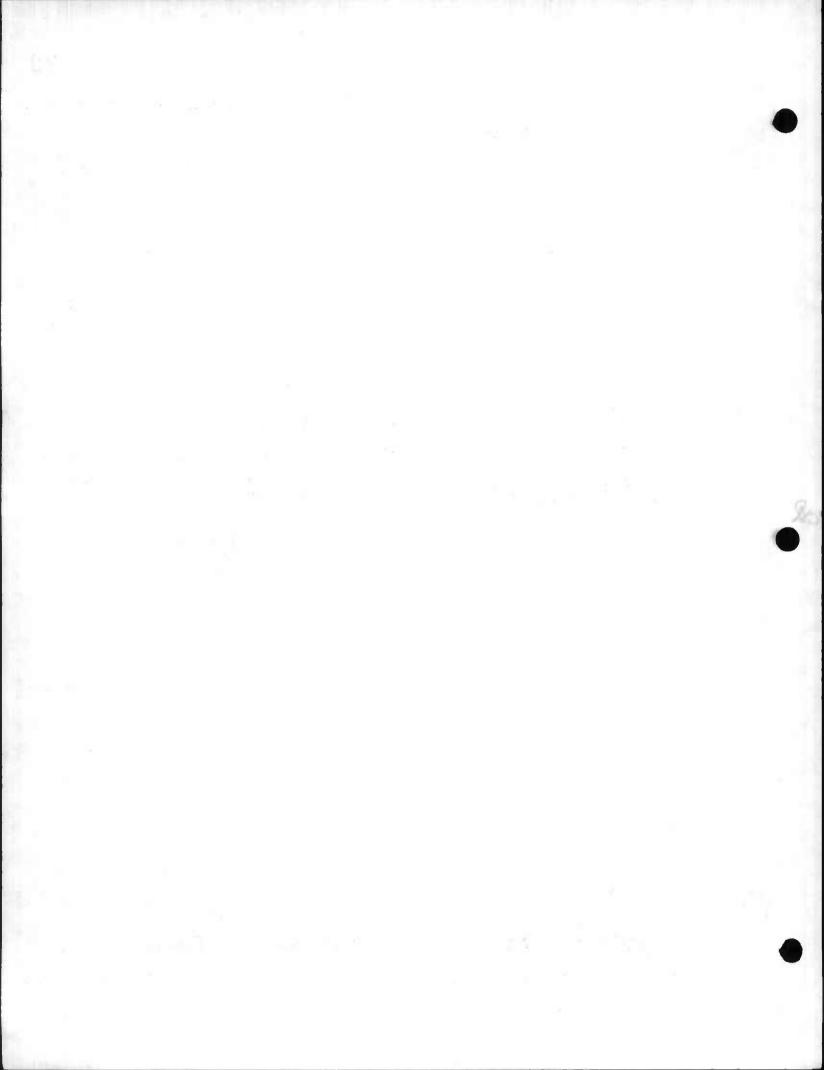


State of Maryland / Department of Health and Mental Hygiene

05420 Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Deeth FEBRUARY Day **Physician** POM 8-1997 15:52PM /Medical 4a. Facility Nama (If not institution, giva street and numbar) 4b. City, Town, or Location of Daath **Examiner** THE JOHN HOPKINS HOSPITAL BALTIMORE 5. Social Sacurity Number If Undar 1 Year If Undar 24 Hrs.
Months Days Hours Min. 8. Deta of Birth (Month, Day, Year) SEPT - 25 11955 7. Aga (In yrs. last birthday) **Funeral** Birthplaca (State or Foraign
Country) 1**X**) M 2□ F 216-15-6675 Director 41 KOREA Usual Residance of Dacedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Director 1X Yas 2□ No MD. BALTIMORE 10e. Straet and Numbar 10f. Zip Coda 10g. Citizan of Whet Country? 6 3123 ELMORA AVE. 57573 KOREA 238 12. Was Dacedent Evar in U,S. Armad Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Detas: "natural", or items Was Decedant of Hispanic Origin? (Spacify Yes or No-lf Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Raca - Amarican Indien, should be filed within 72 hours after on Mental Hygiene. Black, Whita, atc Wavar Marriad 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 XNo Spacify. þ 3 Widowad 4 Divorced KOREAN Completed 15. Decedant's Education (Specify only highast greda complated) 18a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Elamantary/Sacondery (0-12) Collage (1-4or 5+) 1.2 NONE NONE 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Surname) . Pages 1 and 2 should be fill ment of Health and Mental Hant: If Item 27 is marked oth jury or other traumatic even Be MOO KUEN PYON PAN SOON CHO 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Addrass (Straat end Number or Rurel Routa Number, City or Town, Steta, Zip Coda) KIL FISKE {SISTER} 1662 ROUNDHILL RD., BALTIMORE, MD. 21218 20a. Mathod of Disposition
1 □ Burial 2 □ Crametion 3 □ Removal from Stata 20b. Place of Disposition (Nama of cematary, cramatory or other pleca) 20c. Location - City or Town, Stata permit. Page Department of Important: If any injury or once. 4 ☐ Donation 5 ☐ Othar (Spacify) NORTHERN VA. CREMATORY2-10 ARLINGTON CO. , VA. 22. Nama and Addrass of Facility FUNERAL SERVICES ASSOC. 21. Signatura of Funaral Service Licansaa 1425 MARYLAND AVE.N.E., WASH., D.C. 23a. Pert1. Entar the disaasa, or complications that causad tha deeth. Do not entar tha mode of dying, such as cardiac or respiratory errest, shock, or heert feilura. List only ona ceusa on each line. **Physician** /Medical Immediate Causa (Finat SEPIL 48 hours diseese or condition rasulting in death) **Examiner** Dua to (or as e consequance of): Examiner ABSCESS NECK unknown Attending Physician: The law requires that the death certificate be executed the bunal-transit Sequantially list conditions, if any, leading to Immadiata cause. Entar Undarlying Causa (Disaesa or injury thet initieted events resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or as a consequanca of): for use as Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by I 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Wara autopsy findings availabla prior to completion of cause of daath? 24a. Was an eutopsy performed? certificate has 1 🗆 Yas 2 No 1 Yas No Be 25. Was casa refarrad to medical 26. Placa of Deeth (Check only ona) 1 Yas 2 No 2 Othar: 4□ Nursing Homa 5□ Rasidanca 6□Othar (Specify) Mariant 2 ER/Outpatient 3 DOA this er death. rector: After this by the funeral d Mennar of Deeth Certification: 28a. Deta of Injury (Month, Dey Year) 28b. Tima of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Panding invastigation 1 TYas 2 No 2 Accidant 3 Suicida 6 Could not be datarmined 28a. Ptaca of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 28f. Location (Straat end Number or Rural Routa Number, City or Town, Stete) 4 Homicida Medicai 29a. Cartifier Cartifying Physician: To tha best of my knowladga, daath occurred at tha time, dete and placa, and due to tha causa(s) and mannar as statad.

2 Medical Examiner: On tha basis of axamination end/or invastigation, in my opinion, death occurred at tha tima, data and place, and dua to tha causa(s) and mannar stated. 29b. Signatura end titla of cartifier 29c. License number 29d. Dete signed (Month, Day, Year) RES-000 FEBRUARY 8,1997 30. Nama end address of person who complated causa of deeth (Itam 23a) (Type, Print) 600 NORTH WOLFE ST, BALTIMORE, MD 21287 RICHARD SOHN MD TOWER 110 32. Ragistrar's Signature
The Davidson-Randelle 31. Data filed (Month, Dey, Year) State FEB 2 5 1997 Registrar

DHMH 16 Rev 6/95



cian lical		LIAM I	PHIPPS,	111			2. Date of Month FEBR	UARY 20	3. Time of Death , 1997 5:30AM			
iner	4a. Facility Neme (If not instituti GREATER BA)		,	CENT	TER		, or Location of De WSON		y of Death LTIMORE			
ıl r	5. Social Security Number 215–28–4335 Usuel Residence of Decedent	6. Sex XX M 2□ F	7. Age (In yrs. le	ast birthday) Yrs.	If Under 1 \ Months D		Min. (Month,	Birth (Day, Year) 6-1927	9. Birthplace (State or Foreign Country) MISSOURI			
ctor	10a. State 10b. Count	N/A	10c. City	, Town or Loc	cation FIMORI	E CITY			10d. inside City Limits XX Yes 2 □ No			
Funeral Director	10e. Street and Number 5502 NORMAI	NDY PLA	ACE		10f. Zip Co	21210			What Country? S • A •			
n 27 is marked other than "naturel", of her traumatic event, the Modical Examiner traumatic event, the Modical Examiner traumatic event, the Modical Examiner traumatic events and the completed by	11. Maritei Status 1 Never Married XX Ma 3 Widowed 4 Divorce	rried XX Ye	ecedent Ever in U.S Forces? es 2 No WWI Give 194 or Dates: 194	14	Vas Decedent Yes, specify	t of Hispanic Origin Cuban, Mexican, F XNo Specify:	? (Specify Yes or Puerto Rican, etc.)	No- 14. Re- Bla Specifi	ce - American Indien, ack, White, etc. fy: WHITE			
	15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) Collega (1-4or 5+) The property of the state of the s											
	17. Father's Name (First, Middle J. WILLIAM	5 PLUS Last) PHIPPS	5	AERO	SPACI		Name (First, Midd	lle, Maiden Sumai	(SE INDUSTRY (MA) (LSON			
	19a. fnformant's Neme/Relation	ship (Type, Print)				Street and Number of	or Rural Routa Nur	nber, City or Town	n, Stata, Zip Coda)			
	DOROTHY B.PHIPPS (WIFE) 5502 NORMANDY PLACE, BALTIMORE, MD., 21210 20a. Method of Disposition 1 Burial XX Cremation 3 Removel from State 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State											
	1 Burial X Cremation 4 Donation 5 Other (Specify)	0.0	emetery, crem	natory or othe	r place)			- City or Town, State			
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edical Examiner	1	Licansee Trompilcations that tonly one cause of	at caused the death, n each line. EUMONIA Due to (or	EEN MC 22. 49 Do not ante	DUNT (. Name and A HENI BO5 Y(er the mode of	CREMATO CREMATO Address of Facility RY W. J ORK ROA	ENKINS	97, BA AND SON MORE, MA	S COMPANY RYLAND, 21212 Approximete Interval Between Onset and Death			
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Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

BRIAN J. BOHNER, M.D., 6569 NORTH CHARLES STREET, TOWSON, MD., 21204 31. Date filed (Month, Day, Year) FEB 2 5 1997 State

29b. Signeture and title of certifier

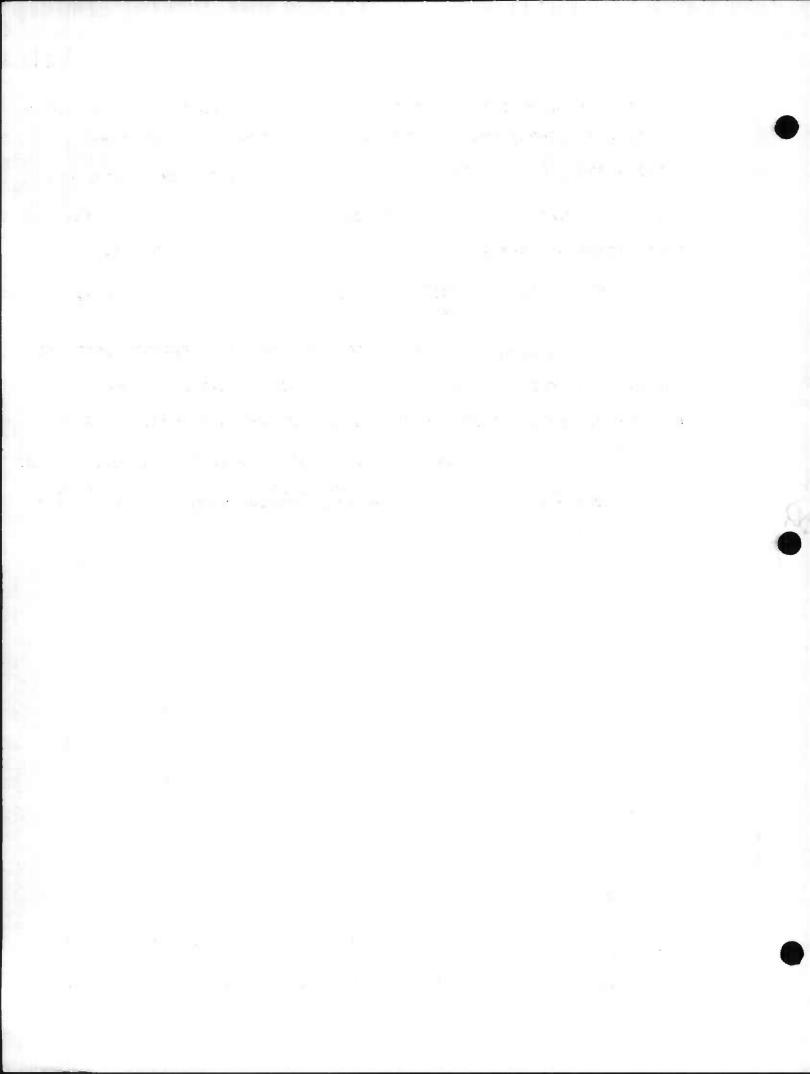
30. Name and address of person who completed causa of daath (Itam 23a) (Type, Print)

29c. License number

D 43489

29d. Date signed (Month, Dey, Year)

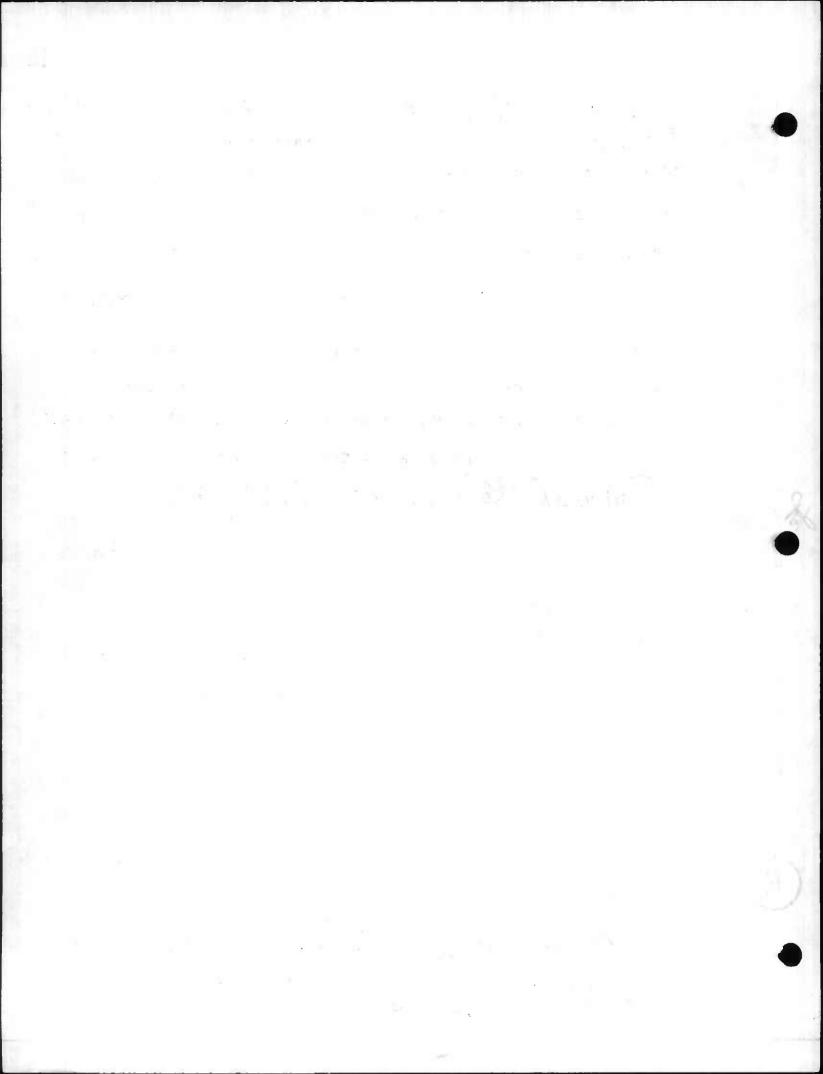
FEBRUARY 20,1997



State of Maryland / Department of Health and Mental Hygiene 97 05422

			(Certificate of	Death		Reg. No.		, , , ,		
Physician /Medical	AEIVA	Ehr	1.01	h Pre	Ston	2. Deta of D Month FLOYU	cary 23	Year 1997	Time of Death 120 A.		
Examiner	Teswick				Balti		th Ac. Count	1000			
Funeral Director	5. Sobial Security Number 6. Si 216-12-9244 1 Usuel Residence of Decedent	9X 7. Age (III	yrs. last birth	nday) If Under 1 Year Months Deys	If Under 24 Hr Hours Mir	8. Dete of B (Month, D	irth Pey, Year) -1888	9. Birthplece Country) Maryl	e (Stete or Fore		
a-f show	10e. Stete 10b. County	10	oc. City, Town Balt	or Location imore					Inaide City Lim		
23a or 28a-f a ust be notified rai Director	10e. Street and Number 700 W. 40th,	St.		10f. Zip Code 2 1 2	211		10g. Citizan of USA	Whet Country?)		
or items	3 ₩ Widowed 4 □ Divorced	12. Wes Decedent Eval Armed Forcas? 1 Yas 2 No If Yes, Give Yaar or Detes:	r In U,S.	13. Was Decedent of H If Yas, specify Cubi 1□ Yes 2☑ No	lispenic Orlgin? (an, Mexican, Pua Specify:	Specify Yas or N rto Rican, etc.)	Ble	ce - American I ck, White, etc.			
ygiene. Nor then "netural", 1, the Medical Ex-	15. Decedent's Ed (Specify only highest grad	ucation de completed)	16e. E	Decedent's Usuei Occup Give kind of work done	etion during most of w	ng most of working 16b. Kind of Business/Industry					
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7 is m traum	19e. Informent's Neme/Reletionship (7) Wilbur D. Prest			Mailing Address (Street 2 Nearfie							
int: If item 27 inty or other tr	20e. Method of Disposition 1 Buriel 2 Tremetion 3 4 Donetion 5 Other (Specify	Removel from Stete	cemetery,	Disposition (Name of cremetory or other place Mount Cre		Dete 2 – 2 4		- City or Town,			
Important: Il any Injury o	21. Signature of Funerel Service Licans	Z Kol	u	22. Name end Addra Henry W 4905 Yo	V. Jenk			MD 21	212		
ding physician and se as the burial-transit	Immediate Causa (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in deeth) Last	to (or es e co	PNEUmo J M 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2								
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al Director: After ted in by the funer ed in by the funer Certification:	2 Accident Investigation 3 Sulcide 6 Could not be 4 Homicide determined	28e. Plece of Injury - building, etc. (St	At home, ferm	n, streat, factory, offica	165 2 100	28f. Location (City or To	(Straet end Numb wn, Stete)	er or Rurel Ro	ute Number,		
Funer tely fa	29a. Certifier 1 Cartifying Phy. (Check only one)	sician: To the best of my ner: On the bests of exar end menner steted.	knowledge, d minetion end/d	deeth occurred at the tim or investigation, in my op	ne, dete and pleconinion, deeth occ	e, end due to the urred et the time,	ceuse(s) end ma dete end placa,	inner es steted and due to the	l. cause(s)		
To the comple	29b. Signature and titla of cartifier	o-m	الم	29c. Licanse			29d. Data signe				
State	30. Neme and address of person who or CHARLES ON ON STAN		Kesnic	ype, Print)	.40 N S.	- Bas	imuze, m	2121	1		

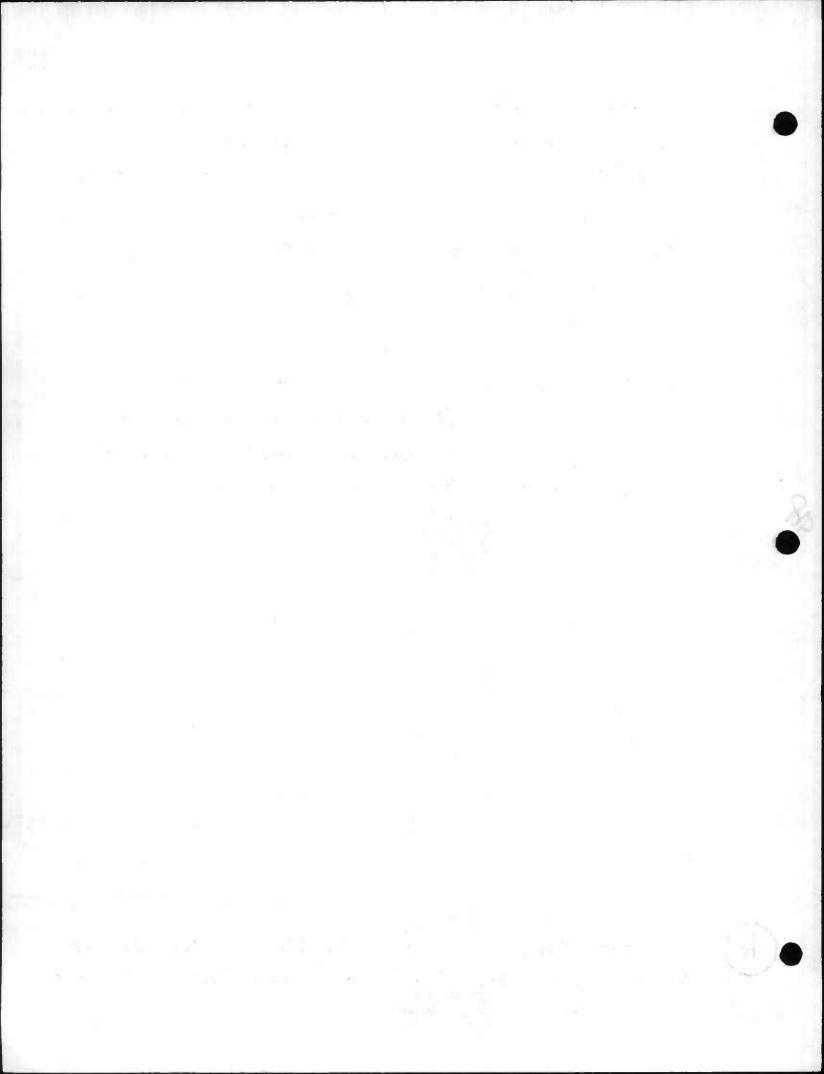
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

05423

					(ertifica	ate of	Death			Reg. No.			
Physician	_	nt's Neme (First, Mid		2 ,						2. Dete of D Month	eeth Day	Yeer	3. Time of Deeth	
/Medical	1	oan.	m. P	ric	e					Feb.	21	1997	5:20 0.0	
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uneral		ecurity Number	8. Sex	7. Age	(In yrs. lest birtho		ler 1 Year	if Under 2	24 Hrs.	8. Date of B	rth	9. Birth	piece (State or Foreign	
irector	213-	-28-4000	1□M 2∏	F	66 Yr	Month.	s Deys	Hours	Min.	FEB.	1931	Mar	yland	
	Usuel Res	dence of Decedent												
edical Examiner must be notified at letted by Funeral Director	10e. Stete	10b. Coun			10c. City, Town o								10d. inside City Limits	
100	Maryl	and	/ A				Balt	imore	5		1 Yes 2			
Director	10e. Stree	end Number				10f. 2	Zip Code				10g. Citizen	of Whet Cou	ntry?	
1 6	120	South	Collins	Ave	nue			21229)			USA		
Funeral	11. Maritel	Status	12. Wes D	ecedent E	ver in U,S.	13. Wes Dec	edent of I	Hispenic Orig	gin? (Spe	ecify Yes or N Ricen, etc.)	0- 14.	Rece - Americ	cen Indien,	
E.		ver Married 25 Me	rried 1 🗆 Ye	Forces?	0	_			, Pueno	specify: White 16b. Kind of Business/Industry Own Home				
2		dowed 4 Divorce	. IT Yes,	or Dates:		1 □ Yes	3√□ No	Specify:			Spi	ecity: WII	ite	
1		15. Decede	nt's Education	0	16e. D	ecedent's Us	ual Occup	pation			16b. Kind	of Business/In	dustry	
9	Flement		est grede complete) (G	e. DO NOT	vork done use retire	ne during most of working tired)						
15. Decedent's Education (Specify only highest grede completed) Elementery/Secondery (0-12) 12. 17. Fether's Neme (First, Middle, Last) Leon William Mrozinski 19e. Informent's Name/Reletionship (Type, Print) George Gerard Price/husband 10e. Decedent's Usual Occupation (Give kind of work done during most of working lifte. DO NOT use retired) Homemaker 18. Mother's Neme (First, Middle, Last) Mary Boj. 19e. Informent's Name/Reletionship (Type, Print) George Gerard Price/husband 120 South Collins Avenue 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Method of Disposition 10 Buriel 2 Cremation 3 Removel from Stete				C	wn Ho	ome								
		s Neme (First, Middle	, Last)					18. Mother	r's Neme	e (First, Middle	, Meiden Sur	meme)		
0	Leon William Mrozinski Mary							Bojar	ıska					
-		nent's Name/Reletion	ship (Type, Print)		19b. N	leiling Addre	ss (Street	end Numbe	r or Rure	el Route Numi	per. City or To	wn. Stete. Zir	Code)	
	Geor	ge Gerar	d Price	/hus										
		d of Disposition		,	20h Place of D	enceition /A	leme of			Data	000 1 0000	Oh T	0111	
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by F														
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Completed			<u> </u>							pen	o-med r	CO	mpletion of ceuse death?	
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o Be	exemin		41-1-1-1	to/	0 □ = D/O :	tions = ====	Oth	100		(Check only		04		
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Certification:	1 Nei	urel 5 Pend		onth, Dey	Year) Injui		Wor	rk? Yes 2□N			Injury 00			
cal	2 □ Ao 3 □ Su	icide 6 Could	not be	ace of tolu-	v - At home for			.00 2 1		ORF Location	Street and the	imher or Div	I Poute About	
T.	4 □ Ho	micide deter		ilding, etc.	y - At home, ferm, (Specify)	Street, IBCIC	ry, UIIIOB		- 1		wn, Stete)	moor or MUR	el Route Number,	
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jistrar	1	EB 25 19	of gu	Willy will	reservelland	0000								



		4 December 10 Name 10 Time Middle 1 -	.al	Cer	tificate	of Death	1	Reg. No.	1 0	5424
Physicia /Medic	al	1. Decedant's Name (First, Middle, Les William PEET 4a. Facility Name (If not institution, give	Ē			4b. City, Town, o	2. Data of I	20	Year 77	3. Tima of Death
Examin Funeral Director	er	Joseph Riche 5. Social Security Number 228-32-3343	y Hospice	yrs. last birthday) 7 () Yrs.	If Under 1 Y	Balt	imore		N / J 9. Birthpla Country	A ca (Stata or Foreig rginia
or 28s-f show be notified at	tor	Usual Rasidance of Dacedant 10a. Stata 10b. County Maryland N/A		c. City, Town or Loc	cation	re				d. Inside City Limit
in win the Marys 23a or 28a-f sho ust be notified at	Funeral Director	10e. Street and Number 2100 Baker Stre	eet		10f. Zip Co			10g. Citizen of	What Countr USA	yı
cal', or itsms	þ	11. Marital Status 1 Navar Married Married 3 Widowed 4 Divorced	12. Was Dacedent Evar Armed Forces? 1 ☐ Yas ♣☐ No If Yas, Giva Yaar or Datas:	11	Vas Decedant Yas, specify	of Hispanic Origin? Cuban, Maxican, Pus No Specify:	(Specify Yas or I arto Rican, atc.)	Specif	ce - Amarica ck, Whita, at 31ack	
giene. yiene. er than "natu	Be Completed	15. Decedent's Ed (Specify only highast grad Elemantary/Secondary (0-12)	ucation da complated) College (1-4or 5+)	(Giva i	ant's Usual O kind of work d OO NOT usa n lborer	ona during most of w etired)	vorking	16b. Kind of B		
nould be the d Mental Hy narked othe matic event	To Be	17. Fathar's Nama (First, Middla, Last) Eddie Peet 19a. Informant's Name/Ralationship (7)		10h Mallin	o Address /C		sie Loc			Paris I
free traus officer traus		Eddie Peete, J	r./brother		Boar	man Ave.		imore,	MD 2	1215
Department of Important: If any injury or other		1 Burial 2 Oramation 3 4 Donation 5 Other (Specify 21. Signature of Funeral Service Licenses)	etro Crer Donald Cr	natory Nama and A		21/97 ety of	Balti	nd, I	
Medical pe associated upon the project of the proje	n/Medical Examiner	fmmediata Causa (Final diseasa or condition rasulting in death) Sequantially list conditions, if any, laading to immediata cause. Entar Underlying Cause (Disease or Injury that initiated evants resulting in death) Last	b. Dua	arcinoma to (or as a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to	uence of):	state			2-	+ years
ed by the attending p detached for use as	Physician/M	Part II. Other eignificant conditions co	ntributing to death but no	t rasulting in tha un	darlying caus	a given in Part I.		d tobacco use co	ontribute to t	
has been sign je 2 should be	Completed by						pe	as an autopsy formed?	avail com of de	a autopsy findings abla prior to pletion of cause eath?
this certificate h	To Be	25. Was casa referred to medical axaminar? 1 Yas No 27. Mannar of Death		2 ER/Outpatient		Other: 4 Nursing	eath (Check on)		nar (Specity)	Richey
R)	Certification:	1 Natural 5 Pending invastigation 3 Suicida 6 Could not be datamined	26a. Data of Injury (Month, Day Yea 28a. Place of Injury - building, atc. (S)		М	Injury at Work? 1 □ Yas 2 □ No fice	28f. Location	(Street and Num own, Stata)		hospice
within 24 Incur To the Fur completely	edical C	29a, Certifying Phy (Check only one)	sician: To the best of my iner: On the bests of exer and mannar stated.	knowladga, daath mination and/or Inv	occurred at the	na tima, data and pla ny opinion, daath oc	ce, and dua to th curred at the time	a causa(s) and m a, data and place,	annar as star and dua to t	led. ha causa(s)
within To the comple	M	29b. Signatura and titla of certifiar			29c. Li	cansa number		29d. Data signe	ed (Month, Di	ay, Year)

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State of Maryland / Department of Health and Mental Hygiene

05425 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Deeth FEBRUAR 16 **Physician** Poetker Edwina 1997 10:40 AM /Medical 4a. Facility Neme (If not institution, giva straat and numi 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Larein Nursing Home Center Columbia Howard if Undar 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 6. Sex 7. Aga (In yrs. lest birthday) If Undar 1 Yaar **Funeral** Birthpieca (Stete or Foreign Country) Months Deys 1□M 2√2 F 80 Yrs. Director 578-12-2343 Jan. 6,1917 Pennsylvania Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location show 10d. Inside City Limits "natural", or Items 23s or 28s-f show 1 Yas 2 No Director Maryland Howard Columbia 10e. Straat and Number 10f. Zip Code 10g. Citizan of Whet Country? 6334 Cedar Lane 21044 U.S.A. Pages 1 and 2 should be filed within 72 hours efter death nent of Health and Mentel Hygiene.
ant: If Item 27 is marked other then "natural", or Items 23 ury or other traumatic event, the Medical Examined must Funeral 12. Wes Dacedant Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American indian, Bleck, Whita, etc. 1 ☐ Yas 2 XNo if Yes, Give Year or Detas: 1 Navar Married 2 Married Specify: by Specify: white 3 Nidowed 4 Divorced unknown Completed 16e. Decedent's Usual Occupetion (Giva kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Laboratory technician Chemical Company 17. Fether's Neme (First, Middle, Last) 18. Mothar's Neme (First, Middla, Maldan Surneme) Be Norton Oliver Clarke Jennie Davis Miller 19e. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) John Poetker/Son 7088 Winter Rose Park, Columbia, MD 21045-5127 20b. Place of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from Stete permit. Page Department of Important: If any Injury or 4 ☑ Donetion 5 ☐ Other (Spacify) 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility Ronald S. Director State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201 23a. Pot 1. Enter the disease, or complications that caused the death. Do not enter tha mode of dying, such as cardiec or raspiretory arrest, shock, or heart fellure. List only one cause on each lina. Approximata intervel Between Onsat and Deeth **Physician** Immedieta Cause (Finei disaesa or condition rasulting in deeth) /Medical A CUTE RENAZ 7 941 Examiner Due to (or as e consequence of): Examiner ARTIGIOSCUESDONE Sequentially list conditions, if eny, leading to immadiate cause. Enter Underlying Ceuse (Diseasa or injury that initieted evants resulting in deeth) Last Due to (or es a consequence of): HYPROTENSION Physician/Medicai Dua to (or es e consequance of): may N DUARRES Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert I. 23b. Dfd tobacco use contribute to the cause of death? signed by 1 ≥ Yes 2 No 3 Probably 4 Unknown conormy Antony Ullistas Ś ed bluods Completed 24b. Were autopsy findings available prior to completion of cause of daath? 24e. Wes en eutopsy performed? itnpanne genns 1 ☐ Yas 2 1 No certificate 1 Yes 2 No lal or Attanding Physician: The steed death.

Steed of the steed of th 25. Wes casa raferred to medical Be 26. Place of Death (Check only one) Hospitei: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ■ Nursing Homa 5 □ Recidence 6 □ Other (Specify) 2 1 Yas 2 No Certification: 27. Mennar of Deeth 28e. Data of Injury (Month, Dev Year) 28b. Tima of 28d. Deacribe how injury occurred 28c. injury et Work? 5 Pending investigation 1 Neturei 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 - Homicide 24 hours a 15 Certifying Physician: To the best of my knowledga, daath occurred et the time, data and place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, daath occurred at the time, date and place, and dua to the cause(s) end menner stated. 29a. Certifier Medical mpletely To the within 2 29b. Signature and title of certifiar 29c. Licensa number 29d. Dete signed (Month, Dey, Year) Eurlyn (Jackson, mo 30. Neme and address of person who complated cause of daeth (Itam 23a) (Type, Print) FBBRUMEN 18, 1997 ENGUN SALKON 5540 TEN OTHE ROAD CLARKSVINE NO 210292 31. Date filed (Month, Dey, Year) July Begistrer's Signature State FEB 2 5 1997 Registrar

DHMH 16 Rev 6/95

the Maryland

Baltimore, Maryland 21215-0020

The law requires that the death certificate be executed

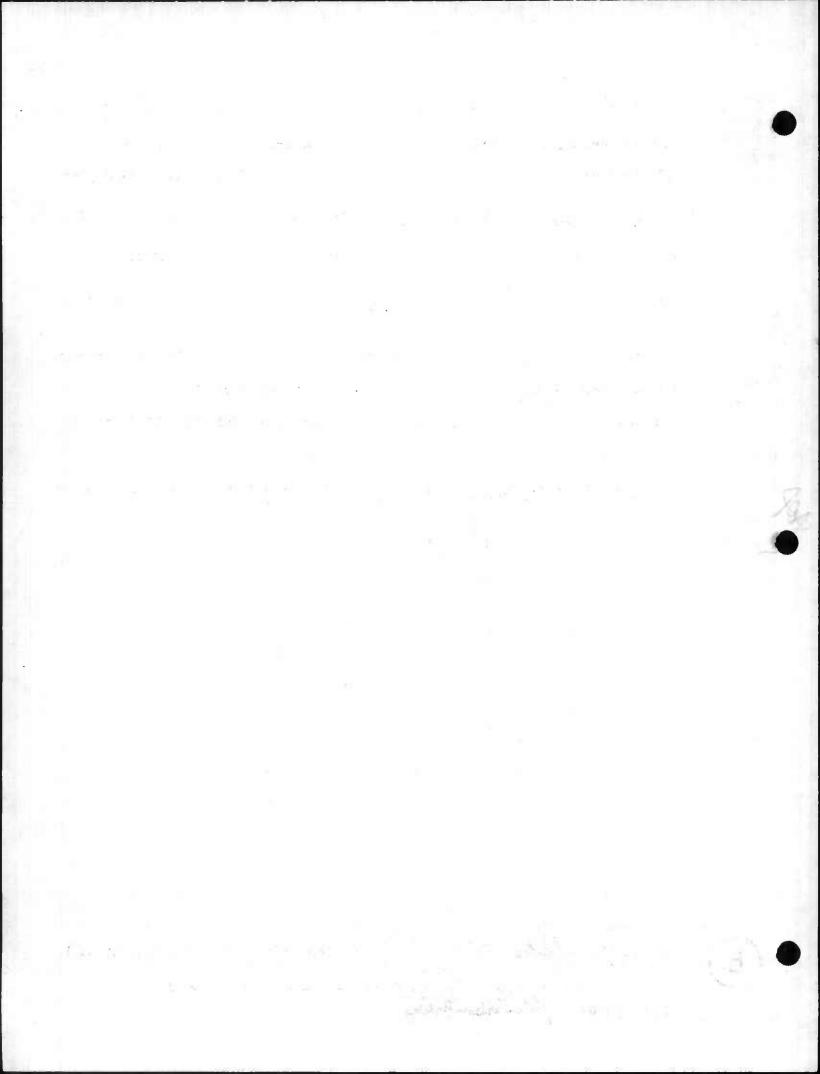
P.O. Box 68760.

Records,

of Vital

Division

Hospital



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 05426 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Day 24, 1997 **Physician** Mary Ruth Randolph February 12:30 PM /Medical 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** 3015 Stonybrook Drive Bowie Prince George If Undar 24 Hrs. Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) If Undar 1 Year 8. Data of Birth (Month, Dey, Year) **Funeral** Birthplece (Steta or Foreign Country) Days Months 1 ☐ M 2 🖾 F 63 Yrs Director Aug. 10, 1933 Maryland 579-42-9900 Usual Rasidence of Decedent 10a. State 10c. City, Town or Location 10d. Inside City Limits Director Prince George Bowie 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3015 Stonybrook Drive 20715 USA Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puerto Rican, atc.) 11. Meritel Status 14. Raca - American Indian Black, Whita, etc. ☐ Yes 2 ☐ No f Yes, Give X 1 Naver Married 2 Married 1 ☐ Yes 2 No Specify: White P 3 Widowed 4 Divorced Year or Detas: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) 12 Day Care Provider Self Employed 17. Father's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middle, Meiden Sumeme) Linwood Christian Butler Florence Faye Ford 2 19a. Informant's Name/Ralationship (Type, Pnint) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Catherine Hottinger/Daughter 3015 Stonybrook Drive, Bowie, Maryland 20715 20b. Placa of Disposition (Nema of cemetery, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stale 1 □xBurlal 2 □ Cremation 3 □ Removal from State Ivy Hill Cemetery 2/27/97 Laurel, Maryland 4 Donation 5 □ Other (Specify) 21. Signature of Euneral Service Licensee 22. Name end Address of Facility Fleck Funeral Home, Inc. 23a. Part1. Enter the diseasa, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximate

Approximate Approximata Interval Between Onset and Death Physician Immediate Causa (Finel disease or condition resulting in death) Lung concer, Small cell type Due to (or as a consequence of): 3 mos Examiner Examiner Sequentially list conditions, if eny, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that Initiated avents resulting in deeth) Last Due to (or es e consequence of): Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24a. Was en eutopsy performed? 24b. Were autopsy findings aveilable prior to complation of cause of daath? Completed 1 Yas 2 No 1 Yes No 25. Was case referred to madical examiner? Be 26. Placa of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 70 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Deeth Certification: 28a. Date of Injury (Month, Day Year) 28c. Injury et Work? 28d. Describe how injury occurred 1 Natural 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be datermined 3 ☐ Sulcide 28f. Location (Straat and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) end mennar es steted.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner steted. Medicai 29a. Certifier (Check only one) 29b. Signetura end title of certification 29c. License number 29d. Data signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Itam 23a) (Type, Print) Kay Yu Ye Uwg, Al 8926 (Joody and Ro 8926 Woody and Road Smile 201 Clinton, HD 20735
32 Aggistrar's Signatura

Registrar

31. Date filed (Month, Dey, Yaar)

FEB 25

Ta Lidson-Randall

DHMH 16 Rev 6/95

with the Maryland

item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Madical Examinar must be notified at

2 should be filed within 72 hours after deeth ned Mental Hygiene. Is marked other than "natural", or items 23

permit. Pages 1 and 2 st Department of Health end Important: If Itam 27 Ia m any injury or other traun

/Medical

attending physician and for use es the buriel-transit

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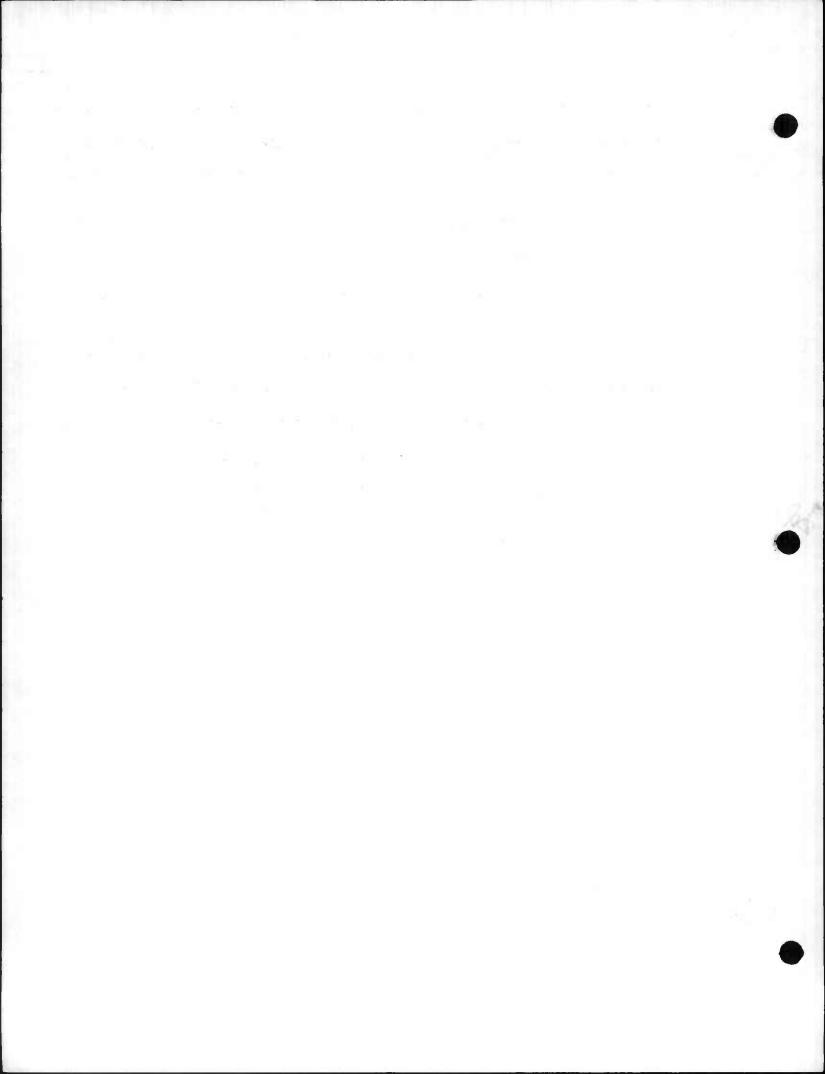
Physician:

certificate be exec Box 68760,

P.O.

Division of Vital Records,

Baltimore, Maryland 21215-0020



State of Maryland / Department of Health and Mental Hygiene 05427 Certificate of Death 1. Decedant's Neme (First, Middle, Lest) 2. Dete of Death 3. Time of Deeth FEB. 20, 1997 **Physician** JOHN RICE, JR. 6:15 P.M /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner BON SECOURS HOSPITAL BALTIMORE N/A | Months | Deys | Hours | Min. | 8. Date of Birth | Months | Deys | Hours | Min. | DEC 23, 1929 7. Aga (In yrs. lest birthday) **Funerai** 9. Birthpleca (State or Foreign 15 M 2□ F Months 0989 VIRGINIA 67 Yrs. Director Usual Residence of Decedent death with the Marylend Show 10e. State 10b. County 10c, City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f shot other traumatic event, the Medical Examiner must be notified at Director MD. N/A 1 ¥ Yes 2 □ No BALTIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 2712 W. LANVALE STREET 21216 U.S. OF A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give 14. Race - American Indien, Black, White, etc. Was Decadent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puerto Rican, etc.) permit. Pages 1 and 2 should be filed within 72 hours effer a Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or item any injury or other traumatic event, the Mental once. 1 Never Married 2 Marriad 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 Divorcad BLACK Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working lifa. DO NOT use retired) 15. Dacadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elemantary/Secondery (0-12) N/A (1-4or 5+) JANITOR MAINTENANCE 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be JOHN RICE, SR. RUBY MORRIS RICE 19e. Informant's Name/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) MRS. ZELDA GEORGIE (NIECE) 7417 LESADA DR. 3B BALTO., MD. 21244 20a. Method of Disposition
1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramoval from Stete 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 4 ☐ Donetion 5 ☐ Other (Specify) MT.ZION CEMETERY 2/27/97 BALTIMORE, MARYLAND 21. Signature of Funerel Service Licenspor WIS T. GWYNN 22. Name end Address of Fecility LEWIS T. GWYNN FUNERAL HOME Lwenn 23a. Part1. Entar tha disaase, or complication, that caused the daeth. Do not enter tha mode of dying, such as cardiac or respiretory errest, shock, or heart teilura. List only one calls on each line. BALTO., MD. Approximate interval Between Onset and Deeth **Physician** immedieta Cause (Finel disease or condition rasulting in daeth) /Medical ACUTE RENAL FAILURE Examiner Due to (or es e consequenca of) Examiner RHABDO MYULYSIS The law requires that the death certificate be executed bunel-transit Sequentially list conditions, if eny, laading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Lest pue Dua to (or es e consequença of) Box 68760. ettending physician for use es the burie Physician/Medical Due to (or es e consequence of) signed by the elid be detached for Records, P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco ues contributs to the causs of deeth? 1 Yes 2 No 3 Probably 4 Unknown CONGESTIVE HEART FAILURE by Completed 24b. Were eutopsy findings aveileble prior to 24e. Was en eutopsy performed? CHRONIC BRONCHITIS completion of cause of deeth? certificate ATRIAL FIBRILLATIO N 1 ☐ Yes 2 ☑ No 1 ☐ Yas 2 ☐ No Vital Be 25. Was case refarred to medical 26. Piece of Deeth (Check only one) Hospital: 1 Sunpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residenca 6 Other (Specify) Certification: To 1 Yes 25€No 28c. Injury et Work? 27. Menner of Deeth 28a. Dete of injury (Month, Dey Year) 28b. Tima of 28d. Describe how Injury occurrad 5 Panding Investigation 1 WNaturel 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital within 24 hours
To the Funeral completely filled Medicai 15 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end piece, and due to the cause(s) and menner es stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signeture end title of certifier 29c. Licanse number 29d. Date signed (Month, Dey, Year) Selts enter 33407 5 30. Nama and addrass of person who complated causa of deeth (Item 23e) (Type, Print) AVENUE DUNDALK, 21222 WISE

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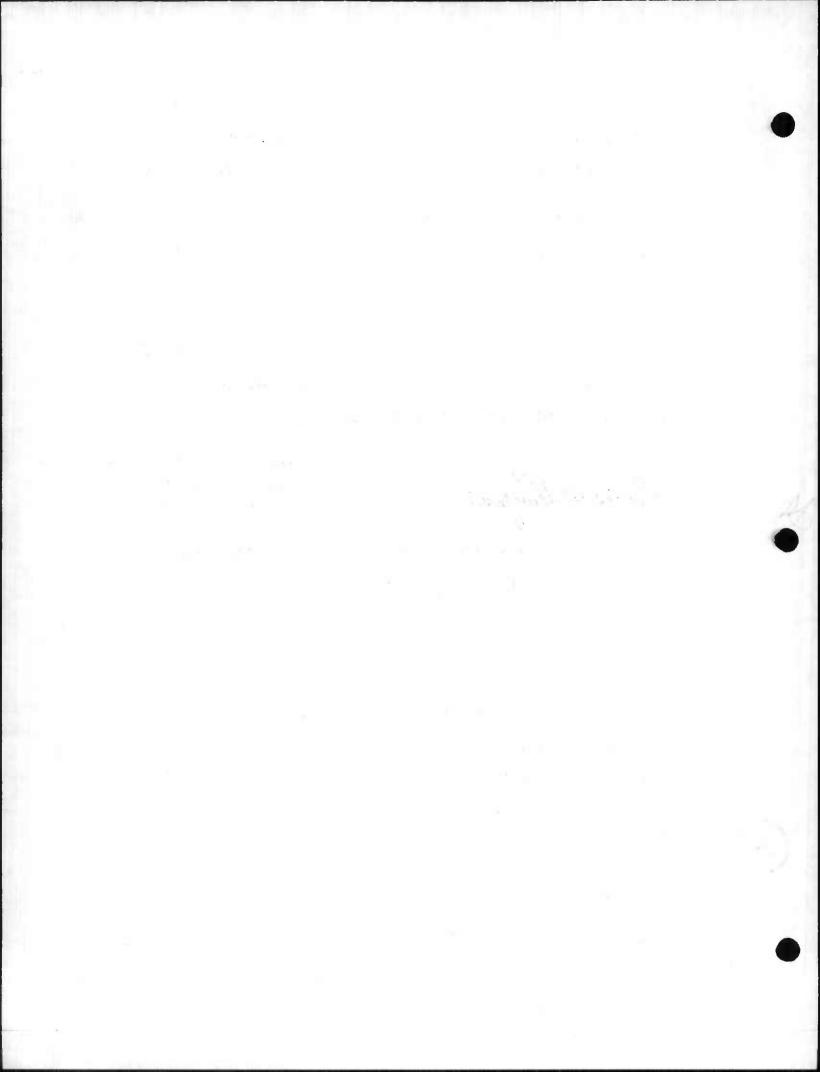
State

Registrar

31. Data filad (Month Day, Yaar) FEB 2 5 1997

32. Registrer's Signeture

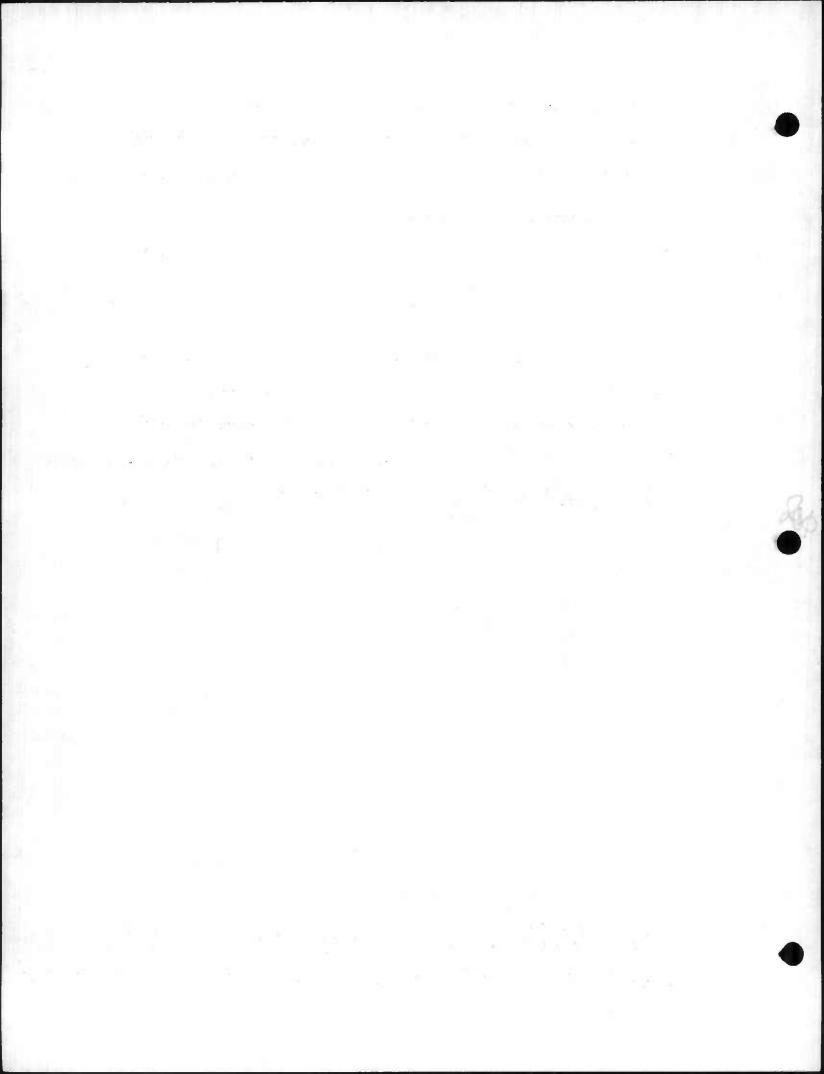
Tulia Davidson



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Dey 9 , **Physician** 1997 FEBRUARY LAWRENCE HERBERT ROBERTS 6:00PM /Medical 4e. Facility Neme (If not Institution, give streat end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE If Under 1 Year If Under 24 Hrs. Hours Min. 5. Sociel Security Number 7. Age (In yrs. last birthdey) **Funeral** 8. Dete of Birth (Month, Day, Year) Birthplece (State or Foreign Country) Months 1 M 2□ F Devs **Director** 215-10-7545 March 12 1905 Maryland Usuel Residence of Decedent death with the Maryland 10e. Stete 10b. County 10c. City, Town or Location ns 23a or 28a-f show 10d. Inside City Limita MD Director Baltimore Cockeysville 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 10415 Fernwood Road 21030 USA Funeral |tems 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, traumatic event, the Medical Examiner Bleck, White, etc. filed within 72 hours efter 1 Never Merried 2 Merried 1 ☐ Yes 2 ☑ No If Yes, Give X Yeer or Detes: Baltimore, Maryland 21215-0020 ŏ by 1□ Yes Z□ No Specify: White 3 ☐ Widowed 4 ☐ Divorced "natural". Completed 16e. Decedant's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) Farming n/a Farmer other 17. Fether's Neme (First, Middle, Last) . Peges 1 end 2 should be fill ment of Health and Mental Hitant: If item 27 is marked oth 18. Mother's Name (First, Middle, Maiden Sumeme) Be John Fox Roberts Ada E. Frances 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Peges 1 and 2 s
Department of Health ar
important: If item 27 is
eny injury or other trau Nellie May Roberts/Wife 10415 Fernwood Road, Cockeysville, MD 21030 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 2/22/97 Buriel 2 Cremation 3 Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) Poplar Grove United Meth. Ch.Cem. Phoenix, MD 21131 21. Signeture of Funeral Service License 22. Name end Address of Feclity Lemmon Funeral Home Clary Bryan W. 10 W. Padonia Rd., Timonium, MD 21093 a, or complications that caused the distance on each line. 23a. Part1. Enter the disc shock, or hear failure ith. Do not enter the mode of dylng, such as cardiac or respiretory errest, Approximete Intervel Between Onsat and Deeth **Physician** Immedieta Causa (Fine disease or condition resulting in deeth) /Medical **Examiner** Carlue Examiner The lew requires that the death certificate be assoured Sequentielly list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or Injury that initieled evants rasulting in deeth) Lest the bunal-tran and Division of Vital Records, P.O. Box 68760. physician Physician/Medical Due to (or es e consequence of): d for use es t been signed by the a should be detached Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Y60 2 No 3 Probably 4 Unknown þ Completed 24b. Were eutopsy findings eveileble prior to completion of cause of death? 24e. Wes en eutopsy performed? hes this certificate 1 Yea 2 No 1 ☐ Yes 2 ☐ No Attending Physician: Be 25. Was case referred to medical 28. Pieca of Deeth (Check only one) exeminar? Other: 4 Nursing Home 5 Residence 8 Other (Specify) P 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA the tuneral 27. Manner of Death Dete of Injury (Month, Dey Year) 28c. injury at Work? Certification: 28b. Tima of 28d. Describe how injury occurred Affer 5 Pending investigation 1 Natural 1 ☐ Yas 2 ☐ No death 2 Accidant Director 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, ferm, straet, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Routa Number, City or Town, Stete) B 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end placa, and due to the cause(s) end menner es stated.

2 Medical Examinar: On the basis of examinetion end/or investigetion, in my opinion, death occurred et the time, dete and placa, and due to the cause(s) end menner steted. 29e. Certifier Medical (Check only 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Minth, Dey, Year) (Item 23a) (Type, Print) U- Challes 30. Neme end eddress of person ED ON 38 Registrer's Conetwe 31. Dete filed (Month, Dev. Year) State FEB 2 5 1997 Registra



State of Maryland / Department of Health and Mental Hygiene

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			LIBERTY MED	ICAL CEN	ITER					I	BALT:	IMORE		N/A	A	
	Funeral		5. Social Security Number	8. Sax		n yrs. last bii	rthday)	If Undar				8. Data of Bir	th	9. B	irthpiaca (Stata or Foraign
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	4 A	ire	10e. Street and Number					10f. Zip	Coda				10g. Citiza	n of What C	Country?	
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Maryland 21215-0020	s 1 and 2 should be filed within 72 hours after deeth with the Meryland if Heelth and Mentel Hygiene. If Heelth and Mentel Hygiene. If Hem 27 is marked other than "natural", or frems 23s or 28s-f show other treumstic event, the Medical Examine must be notified at	by Fu	1 Nevar Married 2 Marri 3 XVidowed 4 Divorced	ed 1 ☐ Ya If Yas,	Forcas? as 2 ∑No Giva or Datas:			it Yas, spec 1 ☐ Yas 2				Rican, atc.)		Black, Whoecity:	oita, etc. WHIT	ΥE
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Baltimore,	nent on in it is not or in your		20a. Mathod of Disposition			20b. Place o		sition (Nam		ace)		Data	20c. Loca	tion - City o	r Town, S	tata
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-	15 2 2															
	A ho	edicai	29a. Cartifliar Check only Check only Descripting Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Descripting Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause (s) and manner as stated.										ausa(s)			
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	-		30. Name and addrass of person who completed cause of death (Itam 23a) (Type, Print) R. M. SHAH. M. P. C. B. ERTY MEDT CAL C. C. S. S. S. S. S. S. S. S. S. S. S. S. S.							8.		d-	21-	97)	
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			R.M-SHAM-	no (CBER	77 4	NE	DIC	AI	C C	EW	TER . I	Jalt	11-101	ζ,	5
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DHMH 16 Rev 6/95

State

Registrar

FEB 25 1997

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

05430

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24b. Wera autopsy finding aveileble prior to
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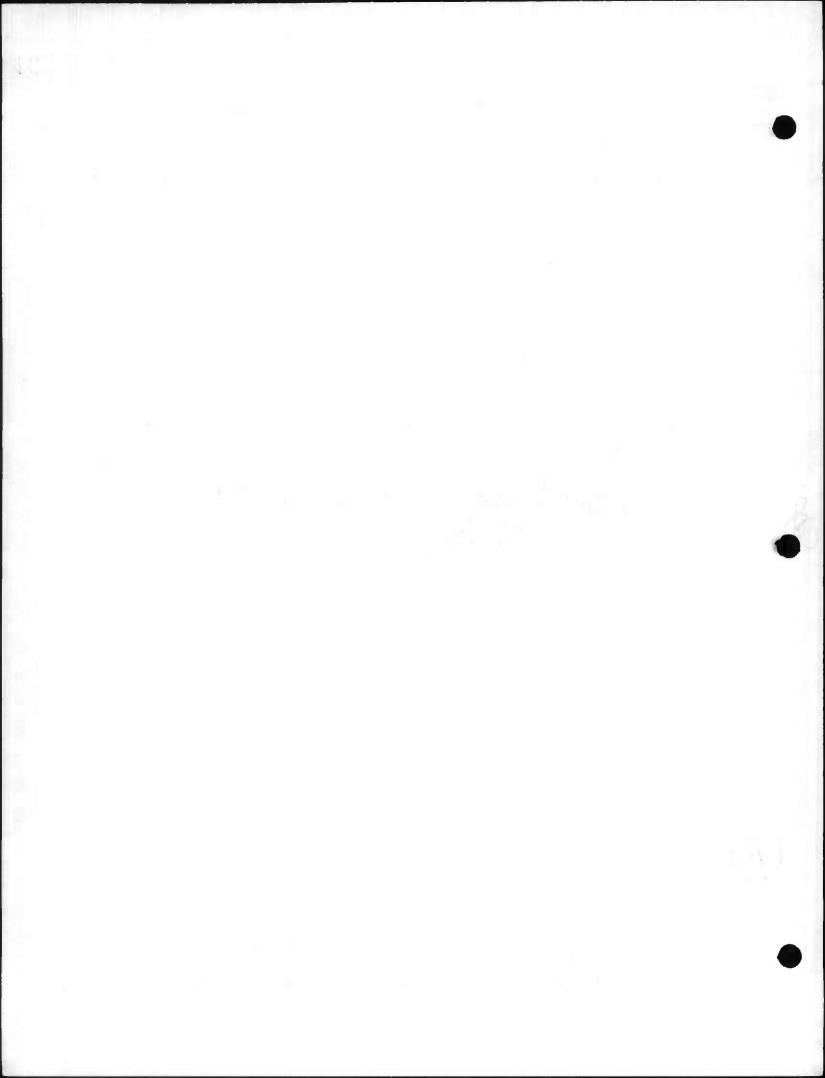
DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

05431 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Constance Sylvester February 21, 1997 11:45 AM /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Golden Oaks Nursing Home Laurel Prince George If Undar 1 Yaar If Under 24 Hrs.
Months Days Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) 96 Yrs. 8. Date of Birth (Month, Day, Year) **Funeral** Birthplace (Stata or Foreign Country) 1 □ M 2 K F Director 084-24-9635 Dec. 3,1900 Italy Usual Residanca of Decedent the Manylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits ral", or items 23a or 28a-f shorex Examiner must be notified at Director 1 ☐ Yes 2 No Prince George Laurel 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 16023 Jerald Road 20707 deeth v Funeral USA 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, apecify Cuban, Mexican, Puarto Rican, etc.) 11. Marital Status 14. Race - American Indian, Black, White, etc. filed within 72 hours after Hygiane. 1 Yes ZN No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 "natural", or 1 Yes 2 No Specify: þ Specify: White 3 □XWidowed 4 □ Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working lita. DO NOT use retired) 15. Decedent's Education (Specify only highest grade complated) 16b. Kind of Business/Industry than Elementary/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filled wit. Department of Heelth end Mental Hygiene important: If Item 27 is marked other than any injury or other traumatic event, the 1 once. 12 Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Anthony Pizzutos Rosa Castanga 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Richard Sylvester/Son 16023 Jerald Road, Laurel, Maryland 20707 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other placa) 20c. Location - City or Town, Stata Date 1 ☐ Buriat 2 ☐ Cremation 3 ☐ Removal from State 4 □ Donation 5 □ Other (Specify) Baltimore Washington Cr. 2/24 Laurel, Maryland 21. Signature of Fundral Service License 22. Name and Address of Facility
Fleck Funeral Home, Inc.
7601 Sandy Spring Road Laurel, Maryland 20707 daath. Do not enter the mode of dylng, such as cardiac or raspiratory arrest, 23a. Part1. Enter tha diseasa, or complications shock, or heart failura. List only one call Approximata **Physician** CEREBROUKCULAR ACCIDENT /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner The lew requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events resulting In death) Last pue Due to (or as a consequence of) physician e s the burial-P.O. Box 68760. Physician/Medical Due to (or as a consequence of) for use as Part ff. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? à 1 Yee 2 No 3 Probably 4 Unknown signed b Records, by 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? ate hes t ate 1 Yes 2 No 1 Yes 2 HO Vita Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Labersing Homa 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To to 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Describe how Injury occurred 1 PNatural 5 Pending 1 Yes 2 No 2 Accidant Investigation 6 Could not be determined 3 Sulcida 28e. Place of Injury - At home, farm, straet, factory, offica building, atc. (Specify) 28f. Location (Straet and Number or Rural Route Number, City or Town, Stata) 4 Homicide To the Hospital within 24 hours. To the Funeral 1 Certifying Physician: To the best of my knowladga, death occurred at tha tima, data and placa, and due to tha cause(s) and manner as stated. Medical 29a. Certifier 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, daath occurred at the time, date and place, and due to the causa(s) and manner stated. 29b. Signature and titla of certifier 29c. Licanse number DZ4997 30. Nama and addrass of person who complated cause of death (Itam 23a) (Typa, Print)

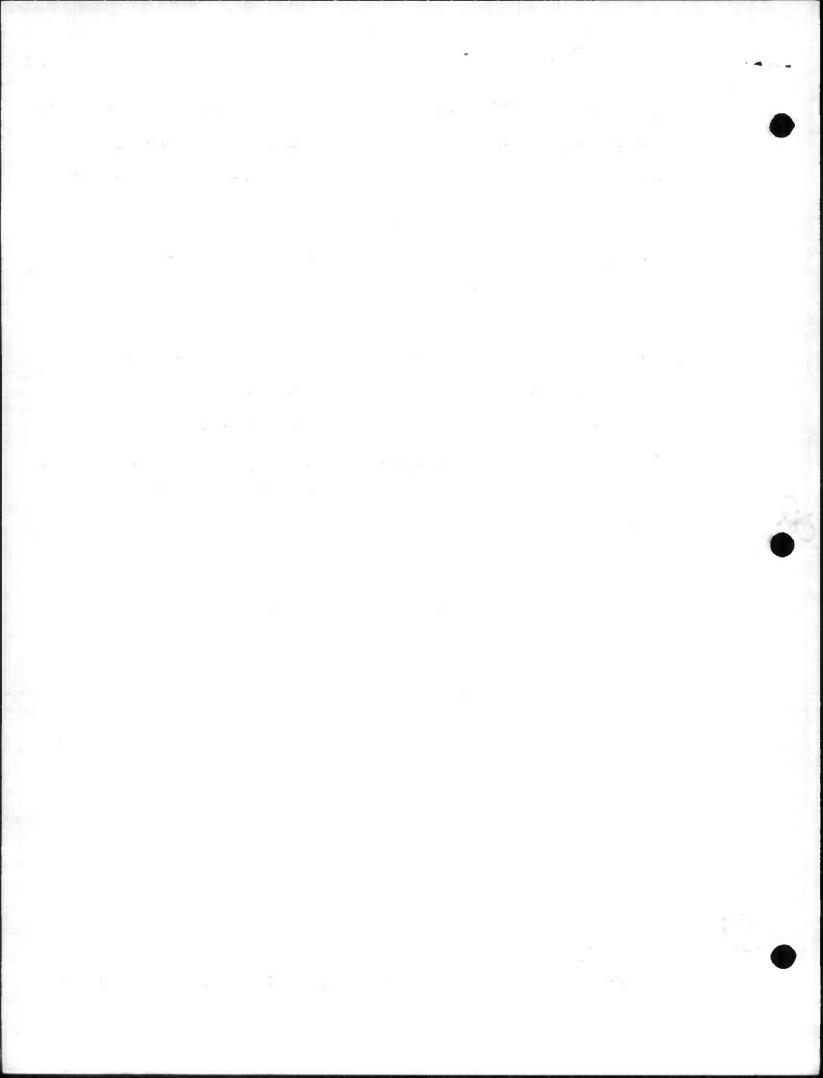
LUIS A. CASAS MI) 8317 CHERRY LANE CAUREL MID Z0707 32. Registrar's Signatura 31. Date filed (Month, Day, Year) State FEB 25 1997 Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

					C	Pertifica	ate of	Death			Reg. No.			
			1. Decedant's Nema (First, Middla, La							2. Data of De	ath		3. Tim	a of Death
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	£ 20 €	Director	10e. Streat and Number				ip Code				10g. Citizen of	What Coun	itry?	
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	death with the Maryland ms 23s or 28s-f show citivist be notified at	e	11. Meritai Stetus	12. Wes Decedent Evar in U	J.S. 1	I3. Was Dec			igin? (Sp	ecity Yes or No		ce - Amaric	an Indier	1.
_		Funeral	1⊠ Navar Married 2 Married	Armed Forces? 1 ☐ Yes 2 ☑ No		If Yes, sp	ecify Cub	en, Mexica	n, Puerto	Rican, etc.)	Ble	eck, Whita,	etc.	
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룫		2	Marcus Shagogue	Sr.				Mi	1dre	d Rinke	r			
Maryland 21215-0020	20 日 日 日		19a. Informant'a Name/Reletionship (Type, Print)	19b. M	ailing Addra	ss (Street	and Numb	er or Run	al Routa Numb	er, City or Town	ı, Stata, Zip	Code)	
	1 and 3 Health em 27 i		Marcus Shagogue J	r. (Brother)	303	Jane	Rd.	Rei	ster	stown,	MD 2:	1136		
9	2 5 m 4		20a. Mathod of Disposition		Placa of Di	sposition (A	lame of	001		Dete	20c. Location	- City or To	wn, Stete	9
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Ξ	Separtment Separtment important: I any Injury o		21. Signature of Funeral Service Licen	(LO	rrain	e Parl		letery iss of Facili		-27-97	Wood1a	iwn, M	iaryl	and
Ba	H de la		0 1	20 1						1 Direc	tors.	Inc.		
			John K.	14 X			_			ndallst			nd 2	21133
N.			23a. Part 1 Enter the disease, or comp	blications that caused the deef									Approxi	mata Between
ш	Physician		,										Onset a	nd Death
	/Medical		Immediate Causa (Final disease or condition		ilat	-1	Cal	adia.	.00-10	pathy			100	
	Examiner		rasulting in deeth)	B. Dun to /	11/0/	sequence o	0.	V - 62 (O	7	palvy			770	1/2
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	centificate be executed ding physician and se as the bunal-transit	Examiner	•	b. ————————————————————————————————————										******
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Bo	death o											i		
_ •	0 0 0	sic	Part II. Other significant conditions of	ontributing to death but not res	uiting in th	a underlying	cause giv	en in Pert	f.	23b. Did	tobacco use c	ontribute to	the cau	se of death?
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	at see	by		COPV										
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			27. Mannar of Deeth	28e. Deta of Injury (Month, Day Year)	28b. Tim Inju		28c. Injur Wor	y at		28d. Dascribe	how injury occu	med		
0	death. ctor: Aff	atic	1 SNatural 5 Pending 2 Accident invastigation		i i i jui	M		Yas 2□	No					
Division	Attending ir death. ector: After by the fune	Certification:	3 Suicida 6 Could not be detarmined	28a. Placa of Injury - At n	oma, farm,	straat, fact	ory, office			28f. Location (ber or Rura	/ Route /	Vumber,
ā	after Direction by	en	4 Homicida	building, atc. (Specif	y)					City or To	wn, Stata)			
	and and and and and and and and and and		29a, Certifiar 1 Certifying Phy	ysician: To the best of my kno	władna d	agth coourre	d at the tir	ma data an	d place	and due to the	nauna(e) and a	annor on al	lated	
-	3428	Medical	(Check only 2 Medical Exam	ith occur	red at tha tima,	data and place	, and dua to	tha caus	se(a)					
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1	13.35	-	200. Oliginatura and title Of Certifiet.			-					29d. Date sign			
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State of Maryland / Department of Health and Mental Hygiene

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				Certifica	ate of Death		Reg. No.	, ,	0400
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/Medi Examin		4a. Facility Neme (If not Institution, over			4b. City, Town, o	r Location of Deeth	-		
, Engliss		Liberty Medica	o Center		Baltim	Are.	NA		
Funeral		5. Sociel Security Number 6. So			ler 1 Year It Under 24 H	rs. 8. Dete of Birt		9. Birthplece	(State or Foreign
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ylanow #		10e. Stete 10b. County	10c. Cit	y, Town or Location				10d. Ir	nside City Limits
Mar F	to	Md No	7	Baltimore				1	XYes 2□No
death with the Maryland ms 23a or 28a-f show	<u></u>	10e. Street and Number			Zip Code		10g. Citizen of V	What Country?	
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a at	by Fu	1 Never Merrled 2 Marrled 3 Widowed 4 Divorced	Armed Forces? 1 ☐ Yes 2 5 No If Yes, Give Year or Detes:		2 No Specify:	erto Hican, etc.)	Specify	ck, White, etc. v: Black	2
n 72 hours "natural",	te	15. Decedent's Ed	ucation	16e. Decedent's Us	suel Occupetion	- 100	16b, Kind of Bi	usiness/Industry	1
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2 sho and is me		19e. Informent's Neme/Reletionship (7	ype, Print)	19b. Melling Addre	ss (Street end Number or	Rural Route Numbe	r, City or Town,	State, Zip Code	e)
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of Herr		20a. Method of Disposition	1 0	Plece of Disposition (A semetery, cremetory of	leme of rother place)	Dete	20c. Location -	City or Town, S	Steta
Peges net of nt: If it		1 ☐ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify		butus M.	emorial Park	2/26/97	Arbutu	i rel	
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After After fune	lon	Neturel 5 Pending	28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Injury et Work?	280. Describe ii	low injury occur.	160	
the Attending the death. Director: Attending the the fune.	Certification:	2 Accident Investigation 3 Suicide 6 Could not be			1 ☐ Yes 2 ☐ No	296 1 anation /6	Years and Mines	an an Dural Day	de Abresia
Jrec in by	Ė	4 ☐ Homicide determined	28e. Plece of Injury - At he building, etc. (Specify	y)	огу, отнов	28f. Location (S City or Tow	n, State)	oer or nural not	ne number,
To the proper Attending Ph With To the Funeral Director: After thi completely filled in by the funeral		20-0-44	-						
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. 4		11100	M M	Civ 1	0-13616		6.6	4.97	
h		30. Name end address of person who c		- 111	. ^				
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Sta	ite	31. Dete filed (Month, Dey, Year)	32. Registrer's Signer	ture					

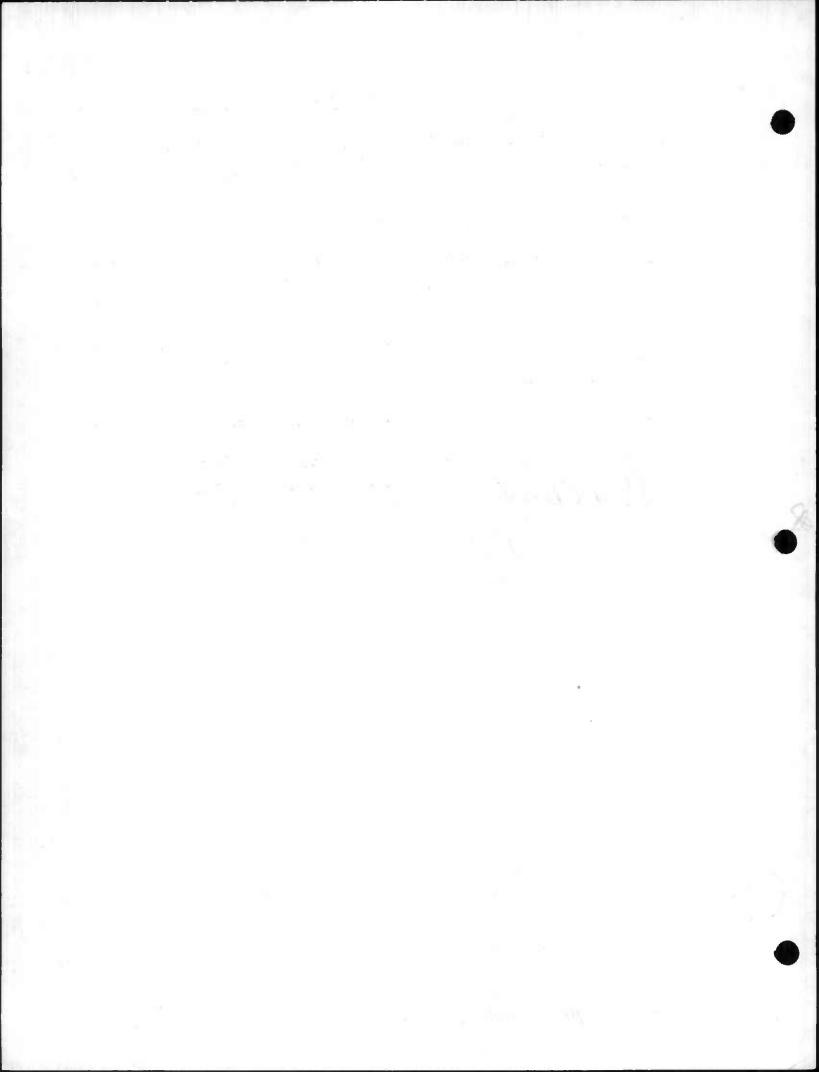
Talled the 1988

State of Maryland / Department of Health and Mental Hygiene 05434 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** TEBRUAR 4c, County of Death 05 AM /Medical 4a. Facility Name (If not Institution, give street and number 4b. City, Town, or Location of Death Examiner (a/en BURNIE IT IT Under 24 Hrs. 8. Date of Bird TNNE PITAL HRUNDEL If Under 1 Year 5. Social Security Number Age (In yrs. last birthday) **Funeral** Birthplace (State or Foreign Country) Months Days Hours 10 M 2□ F Min. 213-09-9235 87 Yrs Director Aug. 4, 1909 Maryland Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits reast be notified at Director Maryland Anne Arundel 1 ☐ Yes 2 ☑ No Ferndale 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? with 203 South Hollins Ferry Road Completed by Funeral 21061 filed within 72 hours after death United States flems ? 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Black, White, etc. Was Decedent of Hispenic Orlgln? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2√ No If Yes, Give Year or Dates: 1 Never Merried 2 Married 21215-0020 ò 1 ☐ Yes 2 ☐ No Specify 3 ☐ Widowed 4 ☐ Divorced Specify: White natural', traumatic event, the Medical 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry I Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Machinist Revere Copper & Brass 12 Peges 1 and 2 should be filed nent of Health and Mental Hygicant: If item 27 is marked other Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be William Paul Sturm, Sr. Kate Smith 19e. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mildred Sturm / Wife 203 S. Hollins Ferry Rd. Ferndale, MD 21061 other 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other placa) 1 △ Buriel 2 □ Cremetion 3 □ Removel from State 4 □ Donation 5 □ Other / Seast Date 20c. Locetion - City or Town, State ò permit. Pege Department of Important: If any injury or Glen Haven Mem. Pk. Feb. 27, 1997 Glen Burnie, MD 21. Signature of Funeral Service Licensee 22. Neme end Address of Fecility Kirkley-Ruddick Funeral Home 421 Crain Hwy. S.E. Glen Burnie, MD 21061 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Examiner 00 Physician: The law requires that the death certificate be executed and Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of) the burial-trar Cardiovesula Misraso P.O. Box 68760, the attending physician ched for use as the buria 080 Physician/Medical Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? cate has been signed by , page 2 should be detect 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown ivision of Vital Records, Completed by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? certificate hes 1 Yes 2 No 1 Yes 2 No Be 25. Was case referred to medical 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Inpatient 2☐ ER/Outpetient 3☐ DOA Affer this 27. Menner of Death Date of Injury (Month, Dey Year) Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Attending 5 Pending investigation 1 Naturel 1 Yes 2 No 2 Accident rector: 9 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) B 4 ☐ Homicide Medical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated. 2 ■ Medical Examiner: On the basis of examinerion and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner as stated.

2 ■ Medical Examiner: On the basis of examinerion and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner stated. (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) and, enus 8-101 05

State Registrar

31. Date filed (Month, Dey, Year) FEB 25 1997 32. Registrar's Signature



State of Maryland / Department of Health and Mental Hygiene

05435

Certificate of Death

Physician /Medical Examiner

Director

Funerai

Completed

1. Decedent's Neme (First, Middla, Last)

3. Tima of Death

10d. Inside City Limits

White

21214

Approximate interval Batween Onset and Death

1 X Yas 2 □ No

1997 4:30 A.M.

Funeral Director

the Maryland 28a-f show

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryla Department of Health and Mental Hygiene. Important: If them 27 is are stacked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Extension main be notified.

Baltimore, Maryland 21215-0020

Physician /Medical **Examiner**

Examiner burial-transit and attending physician Physician/Medicai the signed by i by page 2 should b Completed The law certificate has Attending Physician: Be 스 this Certification: Athor

P.O. Box 68760.

Records,

Division of Vital

2. Dete of Death Month Josephine Elizabeth Sienkiewicz February 23 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Genesis Eldercare Center - Perring Parkway Baltimore Hillendale 7. Age (In yrs. lest birthday) If Undar 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number Birthplace (Steta or Foraign Country) 1 □ M 2 X F 215-22-0581 97 Yrs January 26, 1900 Pennsylvania Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City. Town or Location N/A Maryland Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? 2406 Fleetwood Avenue 21214 United States 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Rece - Amarican Indian, Black, White, atc. 1 Yes 2 No If Yas, Giva Yaar or Datas: 1 ☐ Nevar Married 2 ☐ Marriad 1 ☐ Yes 2 X No Specify: þ Specify 3 Widowed 4 Divorced 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education 16b. Kind of Businass/Industry (Specify only highast grada completed) Eiamantary/Secondary (0-12) Collega (1-4or 5+) Homemaker Own Home unknown 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Joseph Marcinowski Catherine Marcinowska 19e. informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stata, Zip Coda) Mr. David R. Sienkiewicz / Son 2406 Fleetwood Avenue Baltimore, Md. 20b. Place of Disposition (Nama of cemetery, cremetory or othar place) 20e. Mathod of Disposition 20c. Location - City or Town, State 1 X Burlai 2 ☐ Cramation 3 ☐ Ramoval from Stata Baltimore National Cemetery 2/25/97 4 ☐ Donation 5 ☐ Othar (Specify) Baltimore, Maryland Zavoyna 22. Nama and Addrass of Facility Leonard J. Ruck, 21. Signature of Funeral Sarvice Licensea Mark T. 5305 Harford Road Baltimore, Md. 23a. Pert1. Enter the diseasa, or complications that caused the deeth. Do not antar tha moda of dying, such as cardlec or raspiratory arrast, shock, or haart failura. List only ona causa on eech line. Pheumonic immediete Ceusa (Final disease or condition resulting in daeth) Dua to (or as a consequence of): Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disease or injury that initiated evants resulting in death) Last Dua to (or as a consequence of): Due to (or es a consequance of)

Part ff. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i.

23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Wara autopsy findings evailebie prior to completion of cause

1 Yes 28. Placa of Death (Check only ona) 1 Yas 2 No

25. Was case rafarred to medical axaminar? Hospital: 1 ☐ inpatiant 2 ☐ ER/Outpatlant 3 ☐ DOA 1 Yas 2 Other: A Nursing Home 5 - Rasidanca 6 - Other (Specify) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred

28a. Data of Injury (Month, Dey Year) 27. Magner of Death Naturel 5 Panding invastigation 2 Accidant 3 Suicida 6 Could not be datamined

4 Homicide

31, Data filed (Month, Day, Year) FEB 2 5 1997

29a, Cartifiar

1 ☐ Yas 2 ☐ No 28a. Place of injury - At homa, farm, streat, factory, office building, etc. (Specify)

Location (Street and Number or Rural Routa Number, City or Town, Steta)

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and piace, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mennar stated. 29b. Signatura and titla of certifiar

Aucually (Attending)

29c. License number

29d. Data signed (Month, Day, Year)

30. Nama and eddress of parson who complated causa of death (itam 23a) (Type, Print)

Kevin G. Schendel MD

9101 Franklin Square Drive, BAUTO, MD

State Registrar

Medicai



24

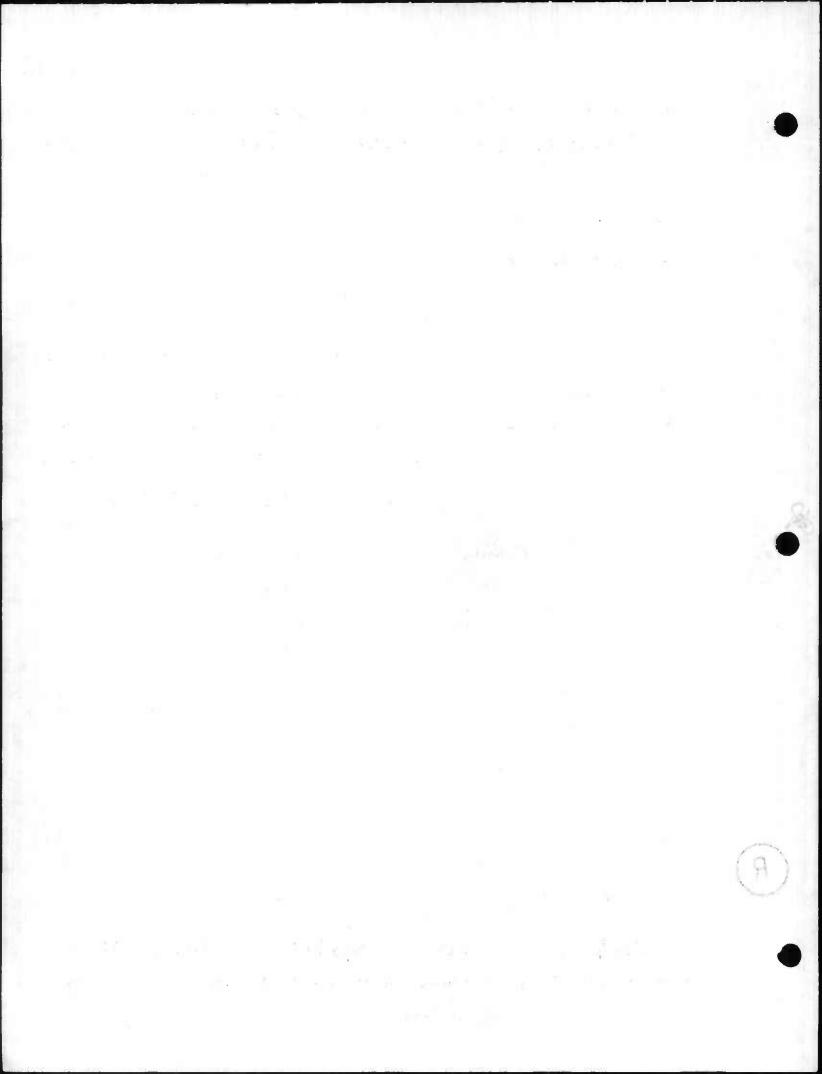
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No.

hysicia		1. Decedent's Neme (First, Middle, La		EORGE	= 5	ACHS	SD E-001	Reg. No. Deeth	Year 3.	Time of Death
/Medic xamin ineral ector		4a. Fjacility Name (If no NoRTH) 5. Social Security Num 219-32-15 Usual Residence of De	ARUND 6. 592	ve street end number		Ass	4b, City, for	DURNIE 24 Hrs. 8. Date of Min. Augu	2 ANN.	y of Death ARU 9. Birthplace 19 Mai	NDEL (State or Foreign ryland
No H		10a. State 10	0b. County		10c. City, To	wn or Location				10d. i	nside City Limits
288-1 SI	Director		Anne Ai	rundel	Linth					1	□ Yes 2√N
23a or	D	10e. Street and Number				10f. 2	Zip Code		10g. Citizen of	What Country?	
odical Examiner man	by Funeral	11. Marilal Stetus 1 Never Married 3 Widowed 4	2 Married	12. Was Decedent Armed Forces' 1 17 Yes 2 1 If Yes, Giva Year or Dates:	?		21090 cedent of Hispanic Ori pecify Cuben, Mexicar 2 No Specify:	gin? (Specify Yes or n, Puerto Rican, etc.)	No- 14. Rai Bla Specifi	ca - American Ir ick, White, etc.	
The Medical E		15 (Specific	Decedent's E			a. Decedent's Us	sual Occupation		16b. Kind of B	Business/Industr	
	Completed	Elementary/Saconda 12th	ary (0-12)	Collega (1-4or	5+)		vork done during mos usa retired) Sident	t of working	Linthic	cum Moto	or Co.
	To Be	17. Father's Name (First	Sachs				Emm	a Grace Hi			
		19a. Informant's Name Melvin Sac					ss (Street end Numbe				
ry or other traumatic		20a. Method of Disposi	ition remation 3	Removal from Stata	20b. Placa cemet	lery, cremetory of	ll Worth W leme of rother piece) tory Inc.	Date	20c. Location Baltim	- City or Town,	State
any injury once.		21. Signeture of Fune	Service Lica	nsee		22. Name MCCL	and Address of Facilit		Rrookly	un.	
ical		23a. Pert1. Enter the d shock, or heart fa Immediate Causa (Fina disease or condition resulting in death)				237 E	patapsc ode of dying, such as	O Ave. Bal cardiac or respiratory	to MD.	21225 App Inte	oroximate rval Batween set and Death
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State Registrar

FEB 25 1997

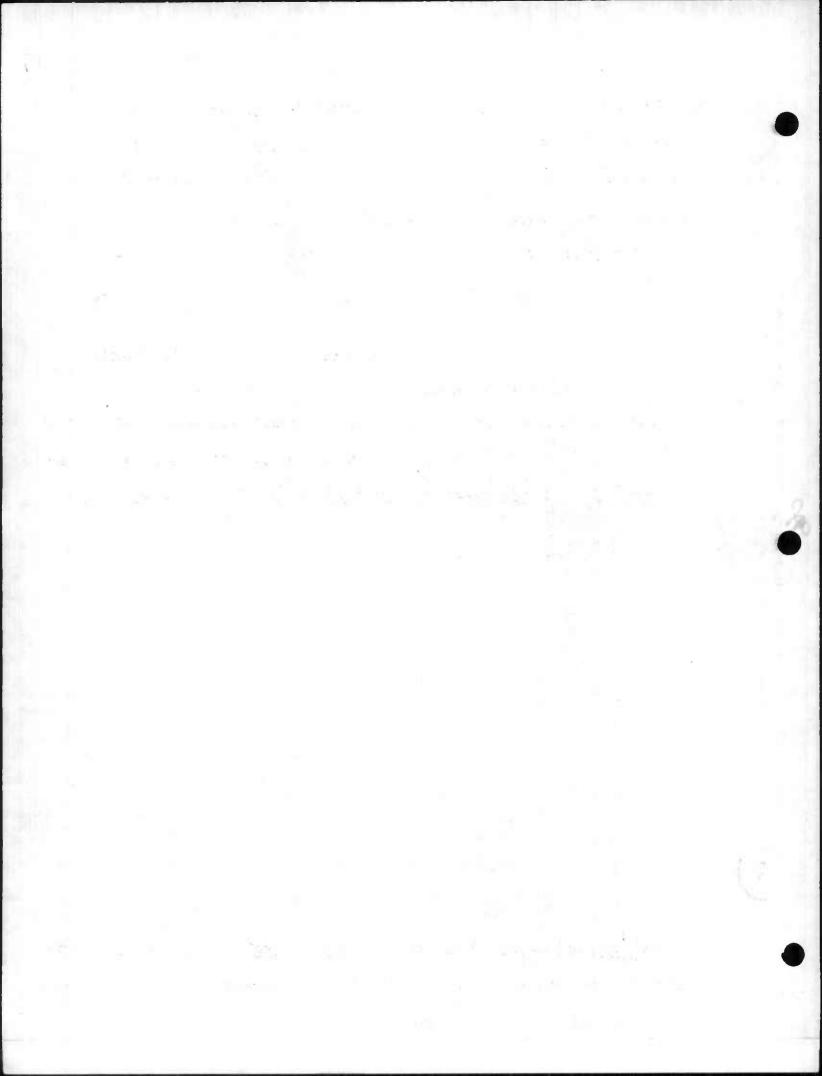
32. Registrar's Signature Juna Davidson-Rendelle



State of Maryland / Department of Health and Mental Hygiene Q 7

					Cert	ificate o	f Death		Reg. No.	51	0343
hysician		cedent's Neme (First, Middle, L	est)		-	711-		2. Date of D	Peeth	Year	3. Time of Death
Medical		BERNARD	α	•		CHRET		SP, FEBRUA	21/2/2	1997	21:01
kaminer		ecility Name (If not institution, gi					4b. City, Town,	or Location of Dea	th 4c. Coun	ty of Death	
eral		HE JOHNS HOPKI		e (In yrs. last bi	intholous	If Under 1 Yes	BALTIMO		lab	N/A	1 0
or			1 Q M 2□F	73	Yrs.	Months Dey		in. (Month, L			place (State or Fore
	Usua	Residence of Decedent						APLII	12,1923	Mary	yland
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ecto	Ma	-	Arundel		Pasa						1 □ Yes 2√21
Funeral Director	8	Street and Number 39 Turf Valle	y Drive			10f. Zip Code	21122		10g. Citizen of	What Coun	
Jue	11. M	arital Status	12. Was Decedent I Armed Forces?	Ever in U,S.	13. W	as Decedent of Yes, spacify Cu	Hispanic Origin? Iban, Mexican, Pu	(Specify Yes or Nerto Rican, etc.)	lo- 14. Ra	ce - Americ	
þ	3	☐ Never Married 2 ☑ Merrled ☐ Widowed 4 ☐ Divorced	1 X Yes 2 ☐ N If Yes, Give Year or Dates:	1956 1959		□Yes 2区N		,		y: whit	
Completed		15. Decedent's E (Specify only highest gr	ducation ade completed)	16a	. Decede	nt's Usuel Occ	upation e during most of v red)	vorkina	16b. Kind of E	usiness/inc	dustry
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o Be			rles F. Sch	nreiner				lary R. V			
10		Informant's Name/Relationship			o. Mailing	Address (Stre	et end Number or			_	Code)
	A	nnette F. Schr	einer Wit		839		alley Dr				
		Method of Disposition		20b. Place o	of Disposi	tion (Name of story or other p	lece)	Date	20c. Location	- City or To	wn, Stete
		Burial 2 Cremation 3 Donation 5 Other (Speci			-		emetery	2-25-97	Crowns	ville	,Maryland
1	21. S	gnature of Funeral Service Lice	nsee)	/	22. 1	Neme and Add	ress of Fecility	11			
)	Trub &	y Dun	enle	3	204 Mou	Funeral ntain Ro	nome ad Pasac	lena, Mar	yland	21122
	234	Enter the disease, or conshock, or heart fallure. List only	plications thet caused one cause on each lin	the death. Do	not enter	the mode of d	ing, such es card	iac or respiretory	errest,		Approximate intervat Between
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	Cause that in	d (Disease or Injury	c	240 to (04 00 0							
ledical	result	ing tn death) Last		Due to (or as a d	conseque	nce or):					
M/VB			d								
sicia	Part II	Other significant conditions of	ontributing to death bu	t not resulting Ir	n the und	erlying cause g	iven in Part i.	23b. Dio	I tobacco usa co	ontributs to	the causs of deat
Physician/	DA						ecmeic	1	Yss 2□ No		oably 4 Unkno
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Com	thy	PERCHOLESIERO	EMIA ABI	DMINAL	WA	u Hen	nonnethad	SE 1	Yes 2□No		Yes 2 No
Be	25. W	as case referred to medical aminer?					28. Place of D	eath (Check only	one)		
70	-	Yes 2 No		nt 2□ER/Ou		3LI LOW		Home 5□Res			1)
ion	1	nner of Death Natural 5 Pending	28a. Date of Injury (Month, Dey	Year) 28b. 1	Time of njury	28c. inju		28d. Describe	how injury occur	red	
Icat		☐ Accident Investigation ☐ Sutcide 6 ☐ Could not b	A	n. At home fo			Yes 2 No	20f Leastion	(Chanas and Alice	h	1 Courte At and an
Certification:	41	Homicide determined	28e. Place of Inju- building, etc.	(Specify)	ım, stree	i, tactory, office	,	City or To	(Street and Numi wn, State)	oer or Hurai	House Number,
edical ((Certifier Check only one) Certifying Ph 2 Medical Exam	yalclan: To the best of	examination and	, death o	courred at the stigation, in my	ime, date and place opinion, death oc	ce, and due to the curred at the time	cause(s) and m	anner as str	ated. the cause(s)
Me	-	ignature enditible of certifier	and manner stat			29c. Licer	se number		29d. Dete signe	d (Month, [Dev. Year)
		MATIMORAL	AAD P	ESIDENT P	LLICAN			11			1497
	30 No	me and address of parson who			4 - 1 1		es-be	000	Februar	V 22	-1171+
	AN					OWER	DOUTENS'	LOUNDE,	BATMAN	MC AA	D 21287
tate		te filed (Month, Dey, Year)	32. Registrar		, ,		ruluius	worder,	DINIVIO	المرايما	DILOT
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State of Maryland / Department of Health and Mental Hygiene

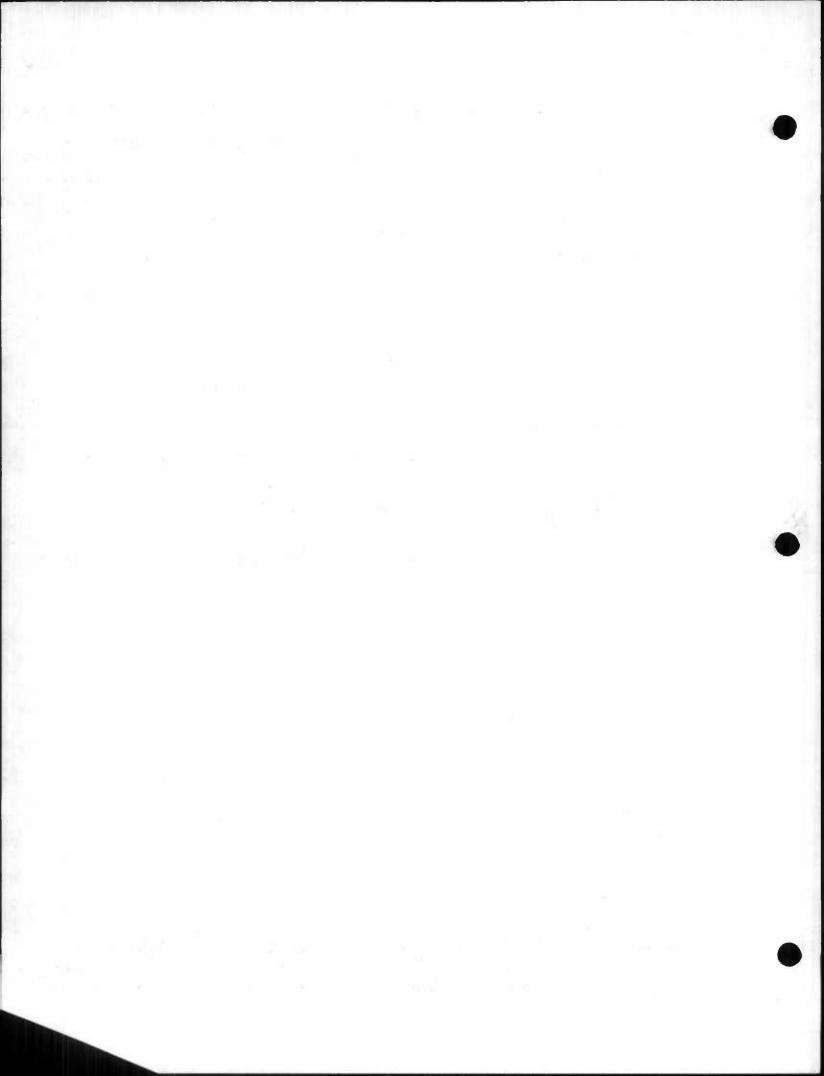
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						Ce	rtificate	of Death		Reg	. No.		0 100
	1. 0	ecedent's Nema	a (First, Middle, I	.ast)					2. Dete d	of Deeth		V	3. Tima of Death
Physician /Medical			Igna	zio O	scar	Semil	ia		Month Fe]		Dey 2.1	1997	4:10pr
Examiner	4a.	Fecility Neme (#	not Institution, g			DOME	2.00	4b. City, Town	n, or Location of E		4c. County		1.1001
Examine		607 Wa	mpler	Road					ddle R:			alit	more
Funeral Director	2	ociel Sacurity No. 220-01-0 lei Residence of	818	Sex 11☑M 2□F	7. Age (In yr. 89	s. last birthdey Yrs.		aar If Under 24 eys Hours	Min. 8. Dete o (Monti	Birth Day, Y	907		ece (Stete or Foreig ry) rland
th with the Maryland 23a or 28a-f show ust be notified at al Director		Stete Md •	10b. County	imore	10c. C	City, Town or L	ocation	Middle	River			10	od. Inside City Limits
vith the Ma to 28a-f e be notified Director	10e	. Street end Nun	nber				10f. Zip Co	da		100	. Citizan of	What Count	rv?
23a or ust be al Dia		607	Wampler	Road				212220			USA		
urs after dea		Marital Status 1 □ Never Merrid 3 □₩Vidowed	ed 2 Married	Armed F	2 ₩ No ive	U,S. 13.	Was Dacedant If Yes, specify 1 ☐ Yes 2 ☑	of Hispenic Origin Cuban, Maxicen, I No Specify:	n? (Specify Yes of Puerto Rican, etc.	r No-		ce - America ck, White, e y: Wh	
natur dical		(Speci	15. Decedent's ify only highest g	Education)	16a. Dece	edent's Usuel O	ccupation	f working	16	b. Kind of B	usiness/inde	ustry
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tra.			Semili					er Road					2000)
of Health item 27		Method of Disp		a/ 5011	20b.		osition (Neme of other		DATCIRIOI		c. Location		vn. Steta
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Department of Important: If it any injury or gones.	21.	Signeture of Fur	naral Service Lic	ansaa (. /	//	Connell	ddress of Fecility Y Funera e Ave. B					
Physician /Medical Examiner ਹੋ	lmn	a. Pert1. Enter the shock, or heer nedleta Cause (f sese or condition ulting in daeth)	Finel	e.	alyh	ecne (or as a conse	ter the mode of	dying, such as co	erdiac or respireto	ory erres			Approximete Intervel Between Onset and Deeth
ocitificate be executed and order as the burial-transit and transi	Sec if er cau Cau thet resu	quentially list con ny, leeding to Imi se. Enter Under se (Disase or I Inflieted avants ulting In death) L	aditions, mediete lying njury	c		or es e consa							
death of attended for un	Pert	fl. Other signiffe	cant conditions	contributing to c	eath but not re	sulting in the	Inderiving caus	e given in Pert I	23b.	Did toba	occo une co	ntribute to	the cause of death
es mat me deam igned by the atten be detached for u			lemon							1 🗆 Yee	-	3 Prob	
as been s 2 should pieted										Wes en o performe		com	ra autopsy findings ilable prior to pletion of ceuse aeth?
cate ha										1 ☐ Yes	20 No	1 🗆	Yes 2□ No
certificate rector, pag	25.	Wes cese referre	ed to madical	125-59-1					Deeth (Check o	nly one)			
F di di		1□ Yes 200	No	1		☐ ER/Outpetie			ing Home 5)
After fune		Manner of Deeth Neturel Control Suicident Under Suicide	5 Panding investigati	on	of Injury oth, Dey Year)	28b. Tima o Injury		fnjury et Work? 1 Yes 2 No			injury occur		
Hospital or Attended 24 hours after deat Funeral Director: Italy filled in by the dical Certifical		4 ☐ HomicIde	datarmine	d 289. Piec	a of Injury - At I ing, etc. (Spec	nome, term, st ify)	reat, factory, of	rice		on (Street Town, S		per or Hurel	Route Number,
the Hospital or the Euneral Dir the Funeral Dir the Company of the	29a	Certifiar (Check only one)	Le Cartifying F	iminer: On the b	a bast of my kn asis of axamin ner steted.	owledge, dael etion end/or Ir	h occurred et the exestigetion, in r	ne time, dete end p my opinion, death	olece, end dua to occurred et the ti	the cau me, dete	sa(s) and me and plece,	anner as sta end dua to t	ited. the cause(s)
N STATE	29b.	Signetura and t	itle of certifiar				29c. Lie	cense number		29d	. Data signe	d (Month, D	ley, Year)
(E)		1	ndo 1	9.4	1201	Ms) -	D 3420	18		2/2	24/9	17

) 9/01 FRANKLIN SO DR, SUITE 208, BALTIMORE, MD

State Registrar



State of Maryland / Department of Health and Mental Hygiene 05439 Certificate of Death 1. Decedant'a Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death **Physician** Month Richard Ray Sutphin 1997 Feb 23 /Medical 5AM 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Laurel Regional Hospital Laurel Prince George 5. Social Sacurity Number 6. Sax If Undar 1 Year | if Undar 24 Hrs. 7. Age (In yrs. last birthday) Birthpieca (Stata or Foraign Country) **Funeral** 1 ☑ M 2 ☐ F Days Hours 235 36 9101 70 Vrs Director W. Dec 4 1926 Va Usual Rasidenca of Decedant the Maryland 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show r than "natural", or items 23e or 28a-f show Anne ARundel Odenton Director 1 ☐ Yas 2 ☐ No 10e. Street end Number 10f. Zip Coda 10g. Citizan of Whet Country? with 468 Rita Drive USA 21113 filed within 72 hours after death 12. Was Decedant Ever in U,S. Armed Forcas? 12☐ Yas 2☐ No Army If Yas, Giva Yaer or Datas: 11 Marifel Stetus Was Decedant of Hispenic Origin? (Specify Yes or No-if Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Bieck Whita, etc. 1 ☐ Navar Married 2X Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 € No Spacify: by 3 ☐ Widowad 4 ☐ Divorced Specify: White Completed 15. Decedant's Education (Spacify only highast grade complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7; Department of Health and Mental Hygiana. Important: If Item 27 is marked other than "na eny injury or other traumatic event, in a Medis one. Eiemantary/Secondary (0-12) Collega (1-4or 5+) Sgt. Military 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Nema (First, Middla, Maidan Sumama) Be Effie Miller Zack Taylor Sutphin 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Streat end Number or Rural Routa Number, City or Town, Stete, Zip Code) Mildred Opal Sutphin 468 Rita Dr., Odenton, Md 21113 20b. Place of Disposition (Name of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Deta MU Buriai 2 UCramation 3 Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) Arlington Natl. Cemetery Arlington, Va. 21. Signature of Funaral Sarvice kicenses 22. Name end Addrass of Facility Hardesty Funeral Home PA 12 Ridgely Ave., Annapolis, Md 21401 alexk (100 23a. Part1. Enter the disease, or complications thef caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. **Physician** /Medical immediata Causa (Finai Metastatic Prostate Cancer 10 years disease or condition resulting in death) **Examiner** Due to (or as a consequence of): The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immediata causa. Enter Underlying Cause (Disease or injury that initieted evants rasulting in daath) Last Due to (or as a consequence of): physician Physician/Medical the Dua to (or es e consequença of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by Diabetes Mellitus 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☑ Unknown py Completed 24b. Ware autopsy findings eveilabia prior fo completion of causa of daeth? Coronary Artery Disease 24a. Wes en autopsy ata has certificata 1 ☐ Yes 2 ☐ No 1 Tyes 2 No spital or Attending Physician; nours after death. Be 25. Was casa referred to medical 26. Pleca of Daath (Check only ona) P Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 27. Mannar of Death Certification: 28a. Data of injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred After 5 Panding invastigetion 1 X Naturai 1 ☐ Yas 2 ☐ No 2 Accident Director: / 3 Suicide 6 Could not be datarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of injury - At homa, farm, streat, factory, offica building, atc. (Specify) 4 Homicide hours a Medical 29a, Certifier Certifying Physicia To the best of my knowledge, daath occurred at tha time, date end placa, and due to tha cause(s) end mannar as stated. On the basis of examination end/or invastigefion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted. 29b. Signal 29c. Licansa number 29d. Data signed (Month, Day, Year) D08754 Feb 23 1997 who complated causa of death (itam 23a) (Type, Print)

7525 Greenway Ctr., Greenbelt, Md 20770

State Registrar

Thomas

31. Data filed (Month, Day, Year) FEB 2 5 1997

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Bensinger

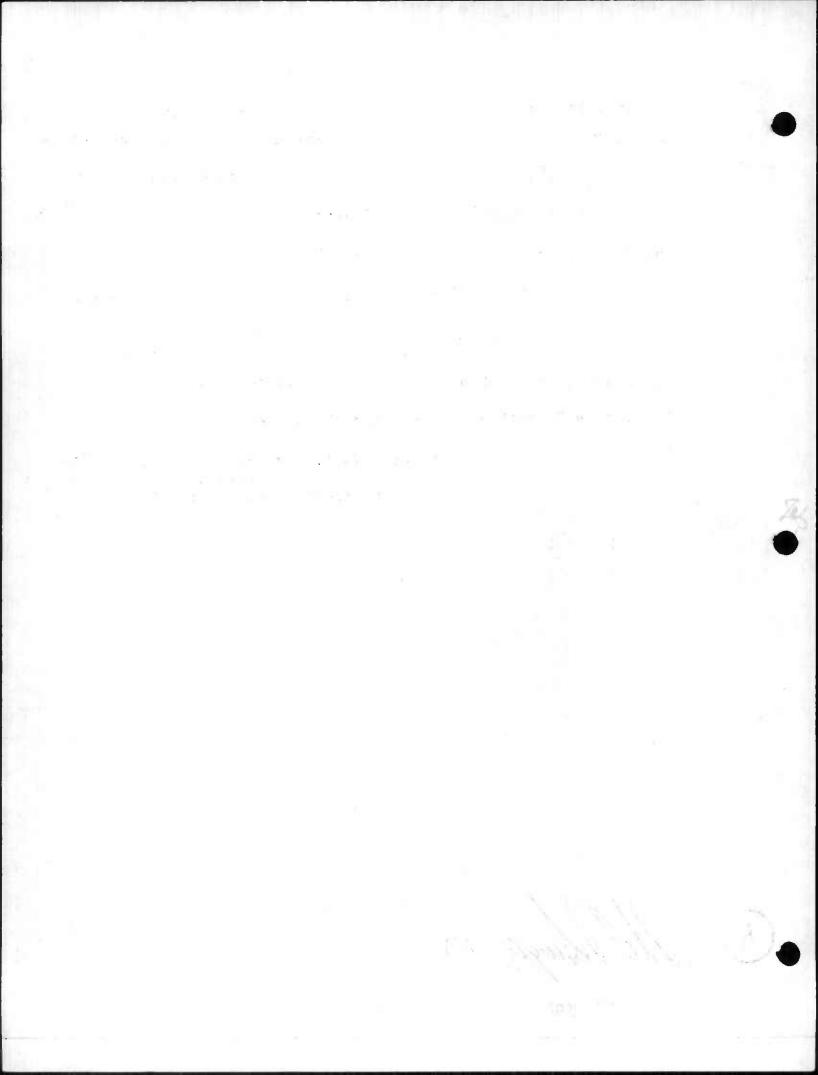
M.D.

2. Megistrer's Signature

Suna Davidson-Randalla

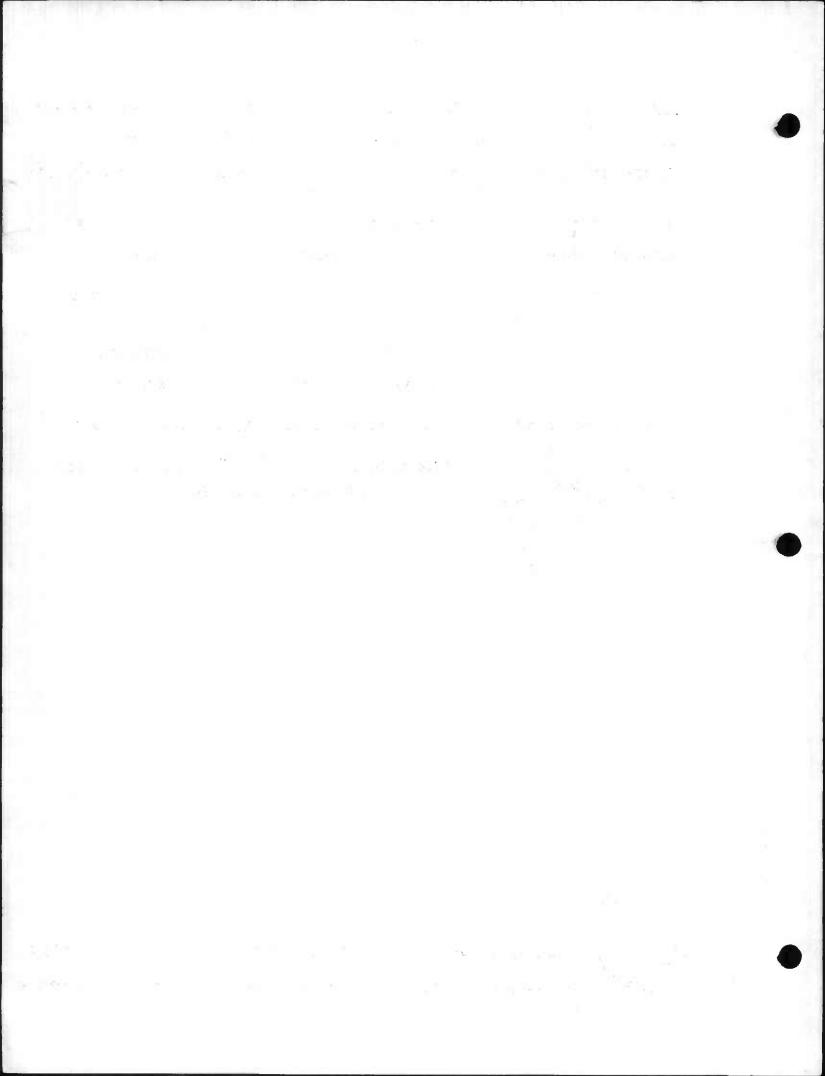
DHMH 16 Ray 6/95

Division of Vital Records, P.O. Box 68760.



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1		Ш	Decedent's Name (First, Middle,								2. Date of Dea	th		3. Time o	of Death
	Physic /Medi		MAURICE	57	RA	US.	5			/	Month FEBRUARS	Day 19	1997	17	10
}	Exami		4a. Fedility Neme (If not institution,			.,.			b. City, To	wn, or Lo	ocation of Death	4c. County	of Death		
		М	SINAI HOS						13AL				I/A		
н	Funeral		5. Sociel Security Number 188–12–9514	3. Sex 7. A 1 □ M 2 □ F	ge (In yrs. les 73	it birthdey; Yrs.	Months		if Under	Min.	8. Dete of Birth (Month, Dey DEC - 17	Year)	9. Birthp	iece (Stete (IV) VNSYLV	or Foreign
	Director		Usual Residence of Decedent	Α	/3						DEC. EI/	,1923	PEI	MDXL	ANIA
	how		10e. State 10b. County		10c. City, 7	Town or L	ocation						1	0d. Inside C	ity Limits
	Pa-fa	Director	MD N/A		E	BALTI	MORE							1 XYes	2 No
	ath with the Marylan 23a or 28a-f ahow		10e. Street end Number	77			10f. Zip		015		1	Og. Citizen of		try?	
	eath ve 23	era	4230 LABYRINTH	RD .	Everie II C	12	Was Doord		.215	-i-2 /C-	acif. Vac at Na	US	oA ⇔ - Americ	an fadlan	
21215-0020	hours after death with the Manyland turel', or items 23s or 28s-f show at Exerciser must be notified at	by Funeral	1 Never Married 2 Married 3 Widowed 4 Divorcad	Armed Forces	? KNo		ff Yes, spec		Specify:	gin (Sp i, Puerto	ecify Yes or No- Rican, etc.)	Specify	ck, White,		
5-0	2 5 3	Completed	15. Decedent's (Specify only highest)	Education	1	16e. Dece	dent's Usue	i Occup	ation	of work	ina	16b. Kind of B	usiness/Inc	lustry	
121	within ene.	mpk	Elementary/Secondery (0-12)	Coilege (1-4or	5+)	life.	DO NOT us	e retired	d)	Or WOIN	" 'g				
	Hygie ther ti		12 17. Father's Name (First, Middle, La	net)		_	AGENT		10 Motho	r'e Nom	e (First, Middle, i	11/10/19/19	JRANCI	2	
Maryland	ould be I Mental marked of watic eve	To Be	LOUIS			RAUSS			RAE			BER	COWITZ		
Mai	d2sh thenc 7 lan traun		19e. Informant's Name/Reletionship				_				al Route Number		Stete, Zip		
-	Heal Heal other		MOLLY STRAUSS 20a. Method of Disposition	(MILE)	20b. Piac	e of Dispo	LABYI	ne of		1	BALTIMOR	E, MD 20c. Location	City or To	21215 wn. State)
mo	Peges nent of nrt: If its iry or o		1 Burlai 2 Cremation 3 4 Donation 5 Other (Spe		•		metory or of	her pied	;e)	2	/20/97				
Baltimore	mit. Pe partmen cortant: Injury		21. Signating Fungral Service Lig		ERE		CHAIM 2. Neme end	d Addres	ss of Fecilit			BEIT SH	IEMES	I, ISF	RAEL
Ö	Page 4 d		M/1 Mare 7	Miner							ROS., IN				
	Physician		Pant . Enter the diseese, or co shock, or heed failure. List on	omplications that cause ily of trause on each	od the deeth.	Do not en	ter the mode	REI of dyln	g, such as	cardiac	N RD., P or respiretory err	TKESVII est,	LE, I	Approxime Interval Bet Onset and	te tween
4	/Medical Examiner		tmmediate Cause (Finel diseese or condition		ARD,	106	ENI	<i>C</i>	5	110	CK			110	URS.
ď.	LXai(iiiici	7	resulting In death)	V	Due to (or a										
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°,	s be executed sician and bunel-transit	Exal	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury		Due to (or as								!	,	
8760,	0 0	cal	that initiated events	С.	Due to (or es			913	7-1	15	1	SRA	E	YEA	1RG
9	opt as t	Med	resulting in death) Last				,						1		
Box	death certifica a attending ph of for use as ti	lan		d									1		
P.O. I	ins that the death centraling the detached for use	Physician/M	Part II. Other significant conditions	contributing to deeth	but not resultin	ng in the u	inderlying ca	use giv	en in Part I.		23b. Dld to	bacco use co	ntribute to	the cause	of death?
	that the ded by detac										-1 /2 /	es 2□ No	3 Prob	ebly KX	Unknown
Records,	een sign hould be	dby									24a. Was a	n autopsy	24b. We	ere autopsy	findings
8	Sec. 40	ete									perfor	med?	cor	nilable prior to inpletion of o death?	
B	The law ats has t page 2 s	Completed									1 🗆 Y	es 2 No		Yes 2	î No
Vital	militate stor, pag	Be C	25. Was case referred to medical				-		26. Plece	of Deet	h (Check only on	-			
> •	hysician; his certific I director,	To	examiner? X Yes 2 No	Hospitel: inpati	ent 2 ER	VOutpatie	nt 3 DO	A Oth	er: 4□ Nu	rsing Ho	me 5 Reside	ence 6 🗆 Oth	er (Specify)	
K	Ing Physician; Mor this centro funeral director,		27. Menner of Death Natural 5 ☐ Pending	28a. Ďate of Inj (Month, De	ay Year) 28	Bb. Time o Injury		Bc. Injun Worl			28d. Describe ho	ow injury occur	red		
risio	F 1 2	Certification:	2 Accident investigat 3 Suicide 6 Could not	he			М		Yes 2 ☐ I		001 Leadles (0			10 M	
8	o de la	ert	4 Homicide determine	ZOO. FIRCO OF IT	tc. <i>(Specify)</i>	e, rarm, st	reet, tectory,	опісе			28f. Location (Si City or Town		er or Hura	HOUTE NUIT	iber,
	aplta nours neral		29a. Certifier Certifying F	Physician: To the best	of my knowle	dge, deatl	h occurred a	t the tim	ne, dete and	d piece.	and due to the ca	ause(s) and ma	nner as st	ated.	
	To the Hospital within 24 hours To the Funeral completely filled	edical	(Check only 2 Medical Expone)	aminer: On the basis of end manner s	of examinetion	end/or In	vestigation,	in my or	oinlon, deet	h occurr	red et the time, d	ate end piece,	and due to	the cause(s	5)
т	To the Total	Σ	29b. Signature and title of certifier	_/					e number			9d. Date signe			
			C }=	Longer	MO)		04	150	2 ;	2 /	FRIBRUI	you	191	997
	10		30. Name and address of person who				Print)			,	2 / 108P.	-	-		
	Sta		31. Dete filed (Month, Dey, Year) FEB 25 199	7 32/Anglist	racia Signatura		<u>s</u>	IN	191	18	097.	OF	131	* 6 1 /	NORL
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) 10		State of	Maryland / Department of Health and	d Mental Hygiene	07 05111
tems:	23 part I,II,		G-745 3/4/97 Certificate of Death	Per No	97 05441

	Physic	ian	1. Decedent's Nema (First, Mid	dla, Last)								2. Dete of De		Vac	3. Time of Death
	/Medi		LISA					SE	-,-			FEBRU.		, Yeer 9	97 6:44A
1	Exami	ner	4e. Facility Name (If not institute 509 PARK A		t en <i>d</i> nu <i>mt</i>	oer)					own, or Li	ocation of Deat RE	4c. Coun	y of Death	
	Funeral Director		5. Sociel Security Number 218–80–2050	6. Sex 1 ☐ M	2×F 7.	Age (In yrs.) 37	last birthdey) Yrs.	If Under 1 \ Months D	ear ays	If Unde Hours	Min.	8. Data of Bir (Month, De AUG. 19	y, Year)		pieca (Stete or Foreign intry) ARYLAND
	Mend wo		Usuel Residenca of Decedent 10e. Steta 10b. Coun	ty		10c. City	, Town or Lo	cation							10d. Inside City Limits
	the Maryler 28a-f show notified at	ctor	MD	N/A			BA	LTIMOR	E						1 Yes 2 □ No
	MD 10e. Street end Number 509 PARK AV 11. Marital Stetus 12. Never Married 2							10f. Zip Co		201			10g. Citizen of Whet Country? USA		
21215-0020	urs urs		11. Marital Stetus 1 A Never Married 2 Ma 3 Widowed 4 Divorce	rriad 1	Ves Decedo Armed Force Yas 2 Yes, Give Yeer or Dete	RNo	1	Vas Decedent Yes, specify		spenic O n, Mexica Specify		ecify Yes or No Rican, etc.)	14. Re Bio	Rece - American Indian, Bleck, White, etc.	
15-0	"natural",	Completed	15. Decede (Specify only high	nt's Educatio ast grade con	n npleted)		16e. Deced	ent's Usuel O kind of work d	ccupe one d	etion <i>luring m</i> o	tion uring most of working		16b, Kind of Business/Industry		ndustry
212	filed within Hygiene. ther than " ther than " ther than "		Eiamentery/Secondery (0-12)	C	College (1-4	or 5+)		00 NOT use r NONE	etired,)			NON	NE	
Maryland 2	Mentel Hyginaked other	To Be C	17. Fether's Name (First, Middle ROY	ı, Last)			SEIDEL			18. Moth	ers Nem SHEI	e (First, Middle, LA	Maidan Sume	,	ISMAN
nan)	ss 1 end 2 shoot of Heelth and item 27 is may other traum		19e. Informent's Name/Reletion				19b. Mailin	g Address (S	treet e	end Numi	er or Aur	al Route Numb	er, City or Town	, Stete, Zi	ip Code)
				ATHER)		201 0		SCHAL		D. #	1	MILLERS	-	1107	
nor			20a. Method of Disposition 1 □ Buriel 2 □ Cremetion		THemover from Stete			cremetory or other pleca)			İ	Date	20c. Location		
Baltimore,	permit. Page Depertment of Important: If any injury or once.		4 Donetion 5 Other (21. Signeture of Funerel Service		0	MI		KODESH-BETH ISRAEL 2/21/97 BALTIMORE 22. Name and Address of Facility					RE, MD		
>	Physician /Medical Examiner	ner	23e. Pert1. Enter the disease, shock, or heert feilure. List immediate Cause (Finel disease or condition resulting in deeth)		CARDIA	ARRHY			3,111	- T	ourolao	or rospilatory a			Approximete intervel Between Onset end Deeth
Box 68760,	eath certificate be executed ettending physician and for use as the burial-transit clan/Medical Examiner		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting in deeth) Lest	c			es e conseques es e consequ								
	0 0 2	Physician/N	Part II. Other significant condit	ions contribut	ting to deat	h but not rasu	liting in the un	darlying caus	e giva	n in Pert	l,	23b. Did	tobacco use c	ontribute t	to the cause of death?
s, P.0	he law requires the hes been signer 3 should be d		MANIC DEPRESSION									1□	Yes 2□No	3 □ Pro	bably Junknowi
Records,											·	perfo	en autopsy med?	ed? avellebie p completion of death?	
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State Registrar

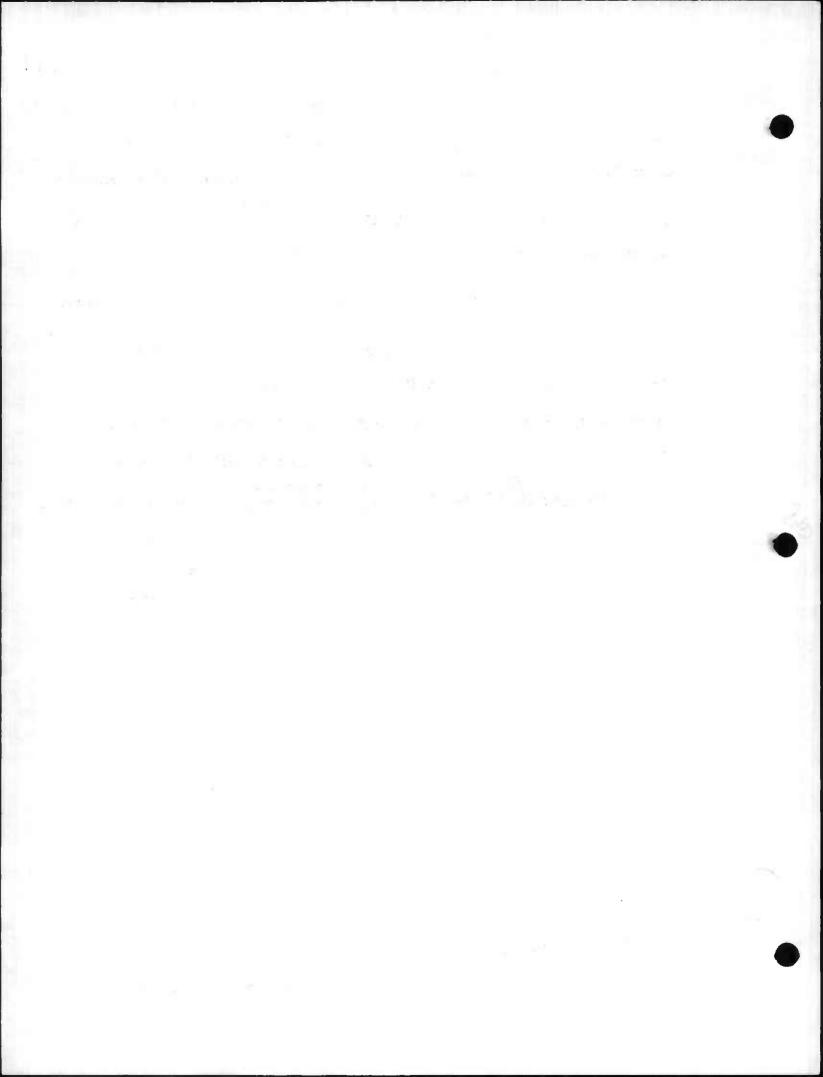
30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

Dennis J. Churte M 111 Penn St

31. Date filed (Month, Day, Yeer)

FEB 2 5 1997

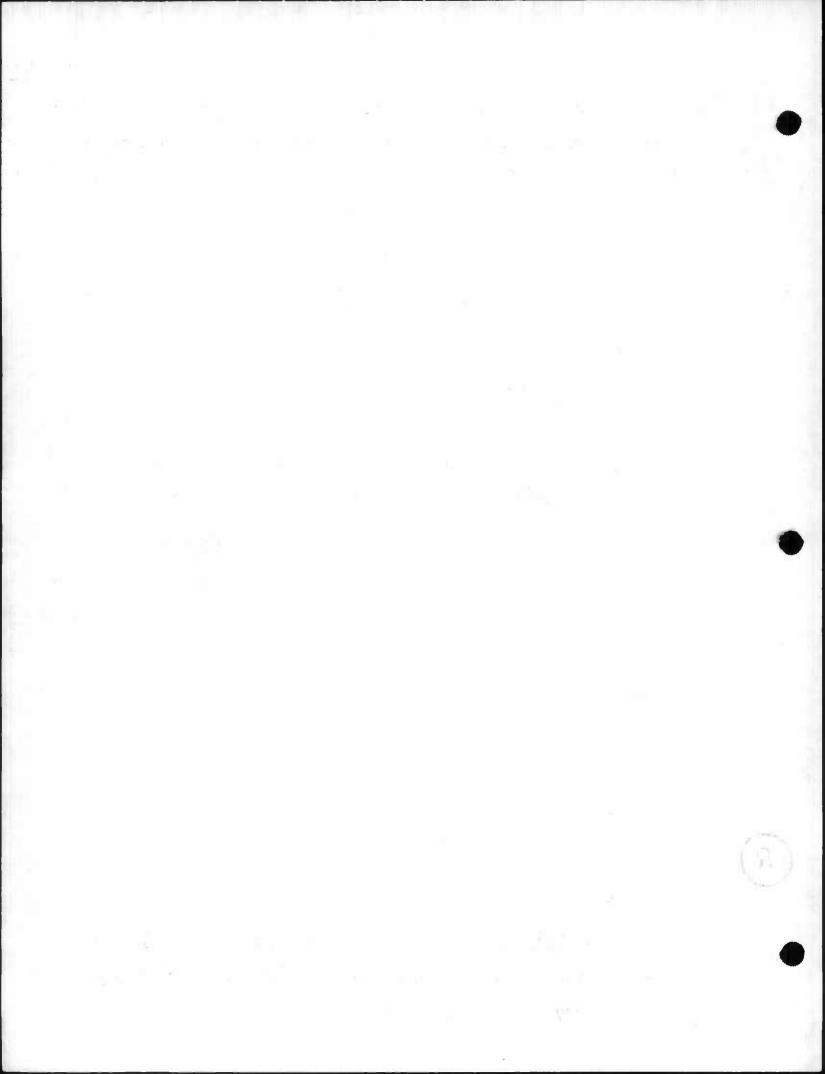
Javidson-Mondales 111 Penn Street, Baltimore, Maryland 21201



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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wedicai xaminer	1	4e. Fecility Name (If n				50011		4b. City, Town, o	r Location of Dae		y of Deeth	II:49A
neral ector		GREATER 5. Social Security Num 214 - 86 -	nber 6. Se			St birthday) If Un Yrs. Month	dar 1 Yaar hs Days	TOWSO If Under 24 Hr Hours Min	s. 8. Dete of B		9. Birthple	R <i>E</i> ca <i>(Stete or Foreig</i> TIMORE , I
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iner must be notified Funeral Director		10e. Street end Numb		COURT	·		Zip Code 210		OTTILITY.	10g. Citizen of	Whet Countr	
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State of Maryland / Department of Health and Mental Hygiene

05443

29d. Date signad (Month, Day, Year)

FEBRUARY 05, 1997

3. Tima of Death

1428PM

			Cei	tificate of	Death	Reg. No.	
Physician	1. Decedant's Neme (First, Mic	idle, Last)		10		2. Date of Death Month Day	Yaar
/Medicai	ANNA		MARIE	SCHREIM	NER	FEBRUARY 0	4,1997
Examiner	4e. Facility Nama (If not institut	tion, giva street and n	umber)		4b. City, Town, or L	ocation of Deeth 4c. Cou	inty of Death
	741 NORTH	KENWOOD A	AVENUE	I	BALTIMO	RE CITY	NI
uneral	5. Social Security Number	6. Sax	7. Aga (In yrs. last birthday)		If Under 24 Hrs.		9. Birthple
irector	unknown	1 ∑ M 2□F	64 Yrs.	Months Days	Hours Min.	Jan. 1,1933	unkno
	Heurl Deeldones of Decedent		-				

permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Depertment of Heelth and Mental Hygiene. Important: if them 27 is marked other than "naturel", or items 23a or 28a-1 show only hijury or other treumatic event, in Medical France.

Physician /Medical Examiner

Physician/Medical Examiner and the buriel-tran for use as by is certificate hes been signe director, pege 2 should be Completed certificate Be Medical Certification: To this in by the funeral After ithin 24 hours after death.

The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

 Birthplaca (Stata or Foreign Country) unknown 10a. Stata 10b. County 10c. City, Town or Location 10d. Inslda City Limits Maryland Baltimore Director Baltimore 1 ☐ Yas 2X No 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 741 N. Kenwood Avenue 21206 Funeral unknown 12. Was Decedant Evar in U,S. Armed Forcas 1; in known 1 □ Yes 2 □ No If Yas, Giva Yaar or Datas: 11. Marital Status unknown 13. Wes Decedant of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Navar Marriad 2 ☐ Married 1 ☐ Yas 2 ☐ No Specify: Be Completed by Specify: white 3 ☐ Widowed 4 ☐ Divorced unknown 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) unknown unknown unknown unknown 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumeme) unknown unknown 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) unknown unknown 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cematary, crematory or othar plece) Deta 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Crametion 3 ☐ Ramoval from State 4 □ Donetion 5 NOthar (Specify) n-state 21. Signature of Furniral Sarvica Licensee 22. Nama and Address of Fecllity Ronald S. Wade Director State Anatomy Board, 655 W. Baltimore, Maryland 21201

Enter the disaesa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, or heart failure. List only one cause on each line. State Anatomy Board, 655 W. Baltimore Street Approximata Intarval Batween Onsat and Death Immediata Causa (Final disaasa or condition rasulting In daath) Cardiovascular Disease Atherosclerchic Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated evants rasulting In daath) Last Dua to (or as a consequence of): Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an eutopsy performed? 1 Yas 20 No 1 ☐ Yas 2 ☐ No 25. Was casa rafarred to medical axaminar? 26. Placa of Daath (Check only ona) Othar: 4 Nursing Homa 5 Kasidanca 6 Othar (Specify) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 1 XYas 2 No 27. Manpar of Death 28c. Injury at Work? 28b. Tima of 28d. Dascribe how Injury occurred 5 Panding Invastigation 1 ☐ Yas 2 Accidant 6 Could not be datarminad 3 Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At home, farm, straat, factory, office building, atc. (Specify) 4 ☐ HomicIda 29a, Certifian 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. (Check only one)

29c. Licensa number

O.C.M.E.

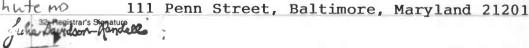
the Hospital or Attending Physicien:

State Registrar

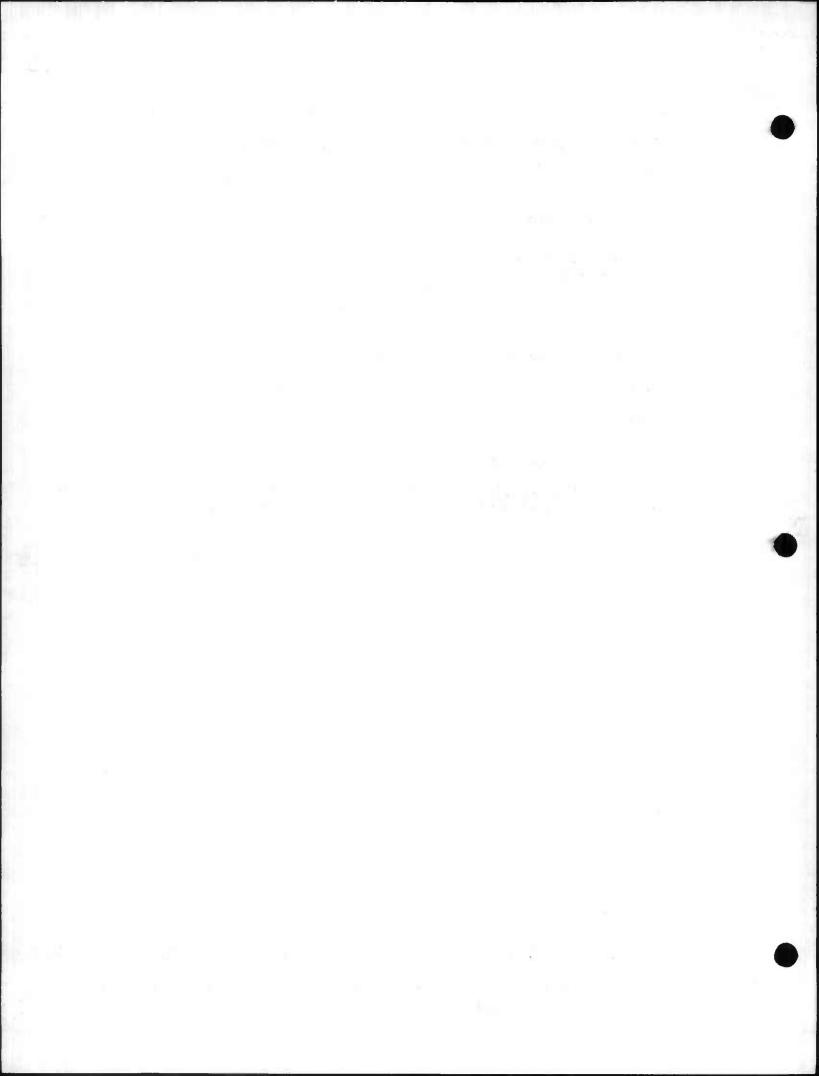
ennis 31. Data filed (Month, Day, Year) FEB 2 5 1997

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29b. Signature end title of cartifier



30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

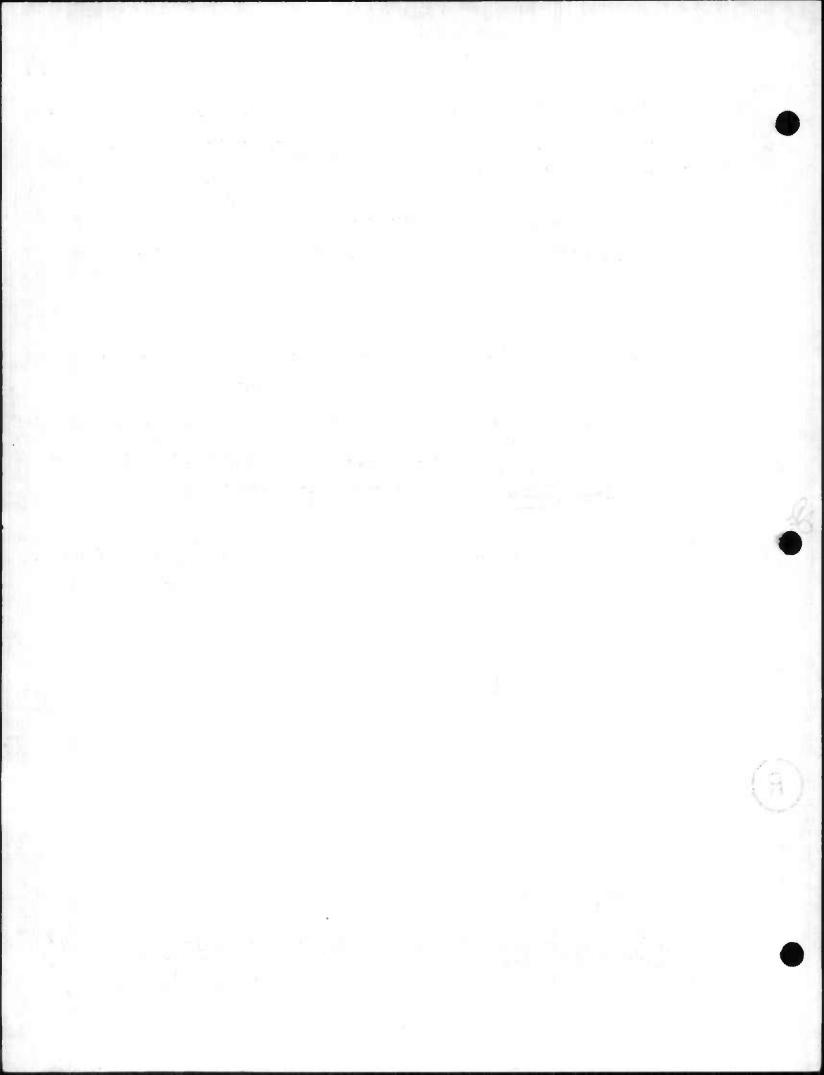


State of Maryland / Department of Health and Mental Hygiene

05444 Certificate of Death 1. Decedent's Name (First, Middle, Last, 2. Date of Death 3. Time of Death Physician Month Day Charles B. Trigger, Sr. February 23, 1997 10:00am /Medical 4a. Facility Name (If not institution, give straet and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 1434 Reynolds Street Baltimore City 5. Social Security Number If Under 1 Yaar If Under 24 Hrs. Hours Min. 7. Aga (In yrs. lest birthday) 9. Birthplaca (Stata or Foreign Country) **Funeral** Months Days XX M 2 F 219-26-4144 Director 59 Yrs Maryland August 7, 1937 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. inside City Limits items 23s or 28s-f show ther must be notified at 1 Yes 2 No Director MD N/A Baltimore City 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21230 1434 Reynolds Street United States Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 XXX6 If Yes, Give Yaar or Dates: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, "natural", or item Black White etc. filed within 72 hours efter 1 □ Navar Married 2 □ Married Baltimore, Maryland 21215-0020 Completed by Specify: White 3 ☐ Widowed 4 ☐ Divorced and Mental Hygiene.

s marked other than "natural" 16a. Dacadent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 15. Decedant's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 8th Grade N/A Maintenance Worker Baltimore City traumatic event, 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be Peges 1 end 2 should be 1 nent of Health and Mental I William Howard Trigger Lola Harris 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Steta, Zip Code) 0 nt of Health a If Item 27 is or other tra Ethel M. Sexton / Sister 4934 Pennington Avenue, Baltimore, Maryland 21226 20b. Place of Disposition (Neme of cemetery, cramatory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State DaBurlal 2 ☐ Cremation 3 ☐ Removal from State permit. Pege Department of Important: If any Injury or once. 4 ☐ Donation 5 ☐ Other (Specify) Holy Cross Cemetery February 26, 1997, Baltimore, MD 21. Signature of Funaral Servica Licansee 22. Name and Addrass of Facility Charles L. Stevens Funeral Home, Inc. 1501 E. Fort Avenue, Baltimore, Maryland 21230 23a. Part1. Enter the disease, or complications that ceusad the death. Do not enter the mode of dying, such as cardiac or raspiratory arrast, shock, or heart failure. List only one causa on each line. Approximate interval Batween Onset and Death **Physician** /Medical immediata Cause (Final Squamos Col Corem He Lyng disease or condition resulting in death) Examiner Examiner equires that the death certificate be executed the buriel-trans Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Obsease or Injury that initiated events rasulting in death) Last Due to (or as a consequence of) P.O. Box 68760, Physician/Medical Due to (or as a consequence of) Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b, Did tobacco usa contribute to the cause of death? 3 Yee 2 No 3 Probably 4 Unknown ords. þ 90 Completed 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy 1 ☐ Yes YOU No 1 ☐ Yas 2 No certificate Be 25. Was case referred to medical examiner? 26. Place of Death (Chack only one) Other: 4 ☐ Nursing Home 5 € Residence 6 ☐ Other (Specify) 20 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this Certification: 27. Mannar of Death 28a. Date of Injury (Month, Dev Year) 28b. Time of 28c. injury at Work? 28d. Dascribe how injury occurred After Attending 5 Pending invastigation Naturai 1 ☐ Yas 2 ☐ No 2 Accident after death in by the 3 Sulcida 6 Could not be determined 28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital o within 24 hours aff To the Funeral Di completely filled in Certifying Phyeician: To the best of my knowledga, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Cartifle 29b. Signature and Alle of certified 29d. Date signed (Month, Day, Year) ddrass of 31. Date filed (Month, Dey, Year) State TEB 2 5 1997 Registrar



State of Maryland / Department of Health and Mental Hygiene 05445 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death **Physician** TERWILLIGER Month JOSEPH BILLDAM FER /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth Examiner 4c. County of Deeth Baltimore City

If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Dey, Year) St. Agnes Hospital 5. Sociel Security Number If Under 1 Year 7. Age (In yrs. lest birthdey) **Funeral** Birthpiece (State or Foreign Country) Deys 1 X M 2 □ F 217-12-3937 73 Yrs. Director July 10, 1923 Maryland Usuei Residenca of Deceden the Maryland 10e. Stete show 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Madical Examiner must be notified as Directo 1 ☐ Yes 2 No Maryland Baltimore Woodlawn 10e. Street end Number 10f. Zip Code 10g. Citizen ot What Country? 6438 Lehnert Street 21207 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces?

1 Yes 2 No ff Yas, Give Yeer or Detes: 11. Meritei Status Wes Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bieck, Whita, etc. filed within 72 hours after 1 ☐ Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: à Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedant's Education (Specify only highest grede completed) 16a. Decedant's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working lifa. DO NOT use ratired) Hygiene. Elementary/Secondery (0-12) Collaga (1-4or 5+) 8th Grade Supervisor Vending Machine Business 17. Fether's Nema (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Pages 1 and 2 should be nent of Health and Mental Ervin B. Terwilliger Mary Francis Healy permit. Pages 1 and 2 should Department of Health and M Important: If them 27 is man any injury or other traumalistics. 19e. intorment's Neme/Relationship (Type, Print) (Wife) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Mrs. Madeline M. Terwilliger 6438 Lehnert Street Baltimore, MD 20b. Pieca of Disposition (Name of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 ☐ Cremetion 3 ☐ Removei from State 4 Donetion 5 Qthar (Specify) New Cathedral Cemetery 2/22/97 Baltimore, MD 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility
Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133 pase, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, re. List only one causa on aach lina. Approximete Intervel Between Onset end Death **Physician** Immediete Ceusa (Finel diseese or condition rasulting in daath) /Medical Examiner Examiner The law requires that the death certificete be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted evants resulting in deeth) Lest signed by the ettending physician and d be detached for use as the bunal-trer Box 68760, Physician/Medical P.0. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, ò Completed 24b. Were eutopsy findings evailable prior to completion of cause of deeth? 24a. Wes en eutopsy performed? or Attending Physician: 25. Wes case reterred to medical exeminer? Be 26. Piace of Daeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) P 1 Yes 2 No Inpatient 2 ER/Outpetient 3 DOA this 27. Mannar of Deeth 28c. Injury et Work? Certification: 28d. Describe how injury occurred After 5 Panding investigation 1 Netural deeth. 1 Tyes 2 No after deeth Director: 2 Accident 6 Could not be 3 ☐ Suicide À 28e. Piece of Injury - At home, term, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 I Homicide Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, daath occurred et tha time, date and piace, end due to the causa(s) and menner es stated.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, daath occurred et tha time, data and piace, end due to the cause(s) end manner stated. Medical (Check only 29b. Signature and title of cedi 29c. License number 29d. Date signed (Month, Day, Year)

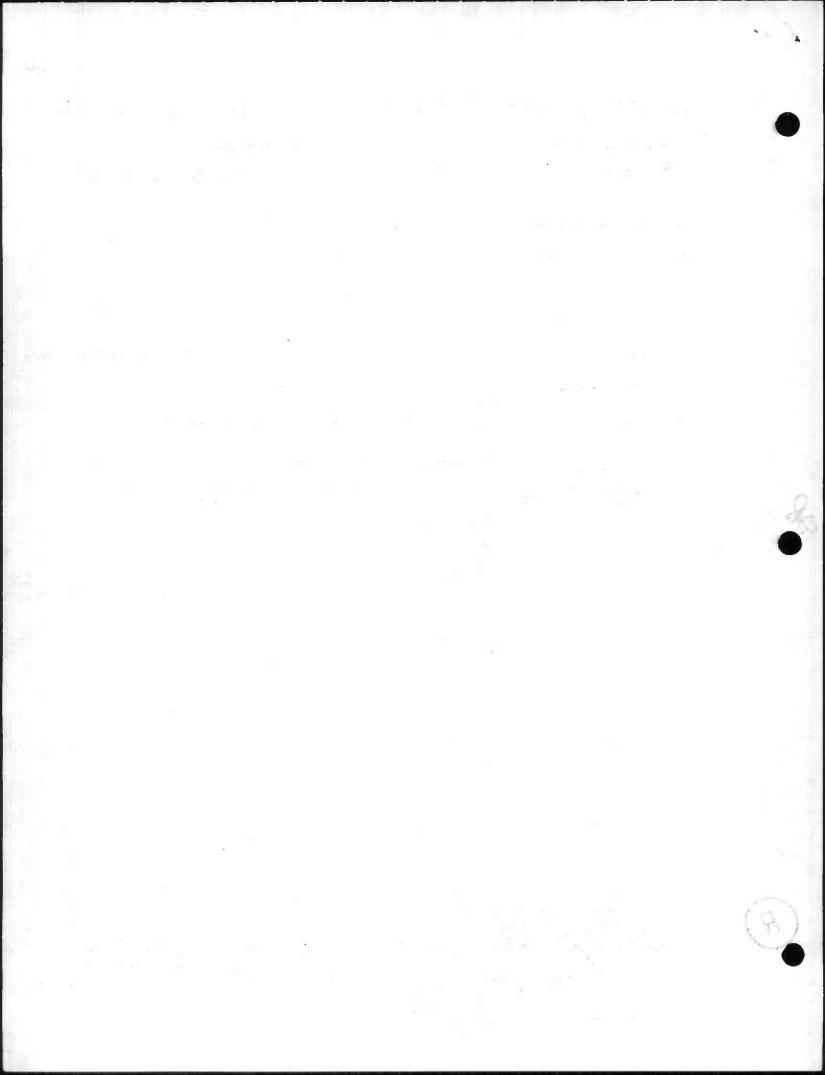
State Registrar

31. Data tiled (Month/Day, Year) FEB 2 5 1997

MD 32. Registrer's Signetura AGNES HOSPITAL

21229

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

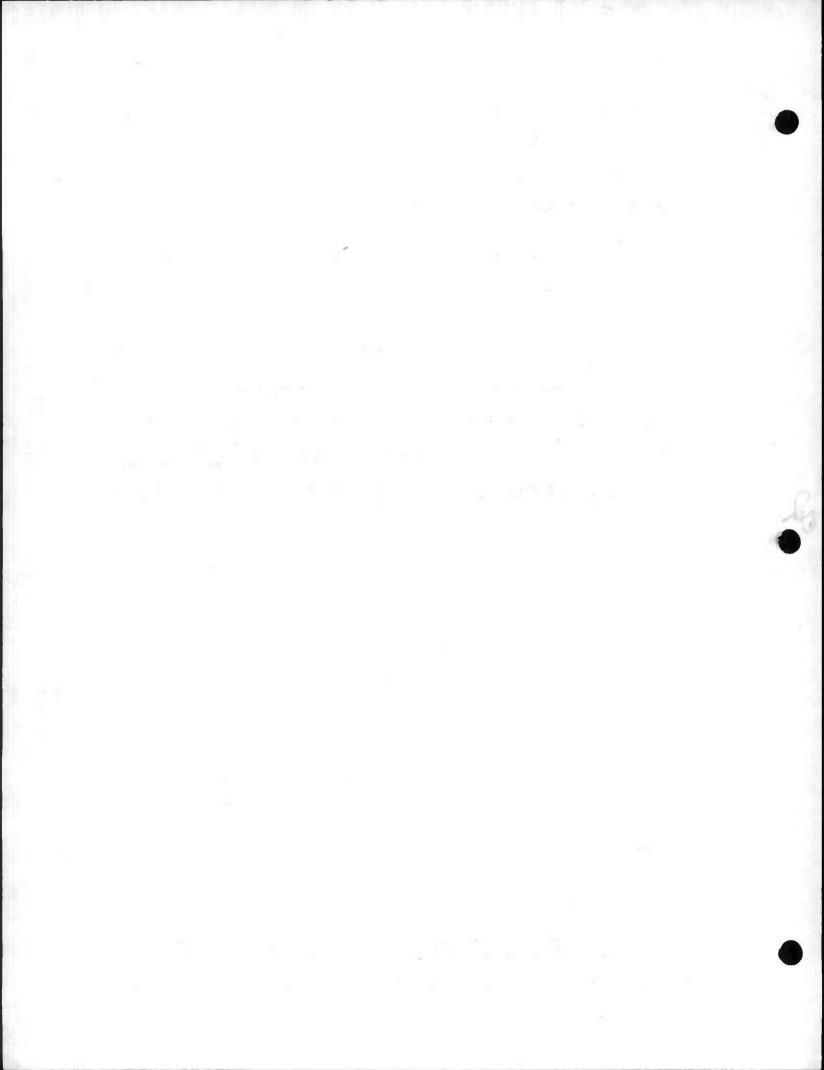


State of Maryland / Department of Health and Mental Hygiene

05446 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Deta of Death 3. Time of Death Month **Physician** 02 1997 158 h /Medical 4b. City, Town, or Location of Death 4e. Fecility Neme (If not institution, give street end number) Examiner 4c. County of Deeth System Baltimore C.Ty IS
If Undar 1 Year If Undar 24 Hrs. 8. Dete of Birth
(Month, Dey, Year) Baltimore City Mary land Medical Iniversity of 5. Social Security Number 7. Age (In yrs. last birthday) Birthpleca (State of Foreign Country) **Funeral** 1 M 2 F Yrs. Director 241 30 1478 11/03/1924 NORTH CAROLINA Usual Residenca of Decedent 10b. County BALTIMORE 10c. City, Town or Location COCKEYSVILLE 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 10d. Inside City Limits Director 1 ☐ Yes 2 PNo 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 301 Limestone Valley Dr. Apt.3-F 21030 death Funeral USA 12. Wes Decedant Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, Whita, atc. 1 ☐ Navar Married 2 ☐ Married 1 ☐ Yes 2♥ No If Yes, Give Yeer or Detes: 1 Yes 2 No Specify: Baltimore, Maryland 21215-0020 WHITE þ 3 Widowed 4 □ Divorced "natural", Completed 16e. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grede complated) 16b. Kind of Businass/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if Item 27 is marked other than ** any injury or other traumatic avant ** Elementary/Sacpndary (0-12) College (1-4or 5+) Sales Diamond Industry 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumama) James Paul Gardner T. Erdice Moore 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Lelia Harris West/Daughter 405 Ben Oaks Dr., Severna Park, MD 21146 20a. Method of Disposition 20b. Place of Disposition (Nema of cemetery, crematory or other place) 20c. Location - City or Town, State 22 Feb 1 Burial 2 Cremetion 3 Removal from State Dulaney Valley Mem. Gardens 4 Donetion 5 □Other (Specify) 1997 Timonium, MD 21. Signature of Funeral Stance Licenses 22. Neme and Address of Fecility Lemmon Funeral Home of Dulaney Valley, Inc. Lemmon 23a. Partt. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errast, Assock, or haen failure. List only one cause on each line. **Physician** /Medical Immedieta Cause (Finel disaesa or condition resulting in daath) Dua to (or es e consequenca of): Examiner nours Dua to (or es e consequance of) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in deeth) Last that the death certificate be exec Pneumonia Box 68760 Physician/Medical 2 Dua to (or es a consequance of) Pert II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part i. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yss 2 ☐ No 3 ☑ Probably 4 ☐ Unknown Pulmonary Ibstructive Completed by 24e. Wes en autopsy performed? 24b. Were autopsy findings available prior to completion of causa of death? Artery Disease 1 ☐ Yes 2 No 1 ☐ Yas 2 ☐ No Attending Physician: 25. Wes casa rafarred to medical axeminer? 26. Place of Deeth (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Rasidence 8 Other (Specify) 1 Yas 2 No # 28e. Dete of injury (Month, Dey Year) 27. Mennar of Deeth 28b. Tima of 28c. Injury et Work? 28d. Describe how injury occurred Affine 5 Pending investigation 1 Maturel 1 Yes 2 No 2 Accidant Director: / 3 Suicide 6 Could not be detarmined 28a. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) or A 4 Homicide 1 Cartifying Physician: To the best of my knowladga, daeth occurred et fine time, date and place, and due to the cause(s) and menner es stated.

| Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et tha time, date and place, and due to the cause(s) end manner stated. 29a. Cartifiar (Check only one) To the To the 29b. Signature and title of gertifier 29c. License number 29d. Dete signed (Month, Dey, Year) Dung 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Christian D. Bounds no UMMS 225.
31. Dete filed (Month, Day, Year)
FEB 25 1997 UMMS 225. Greene ST Baltimore MD 2120 Registrar

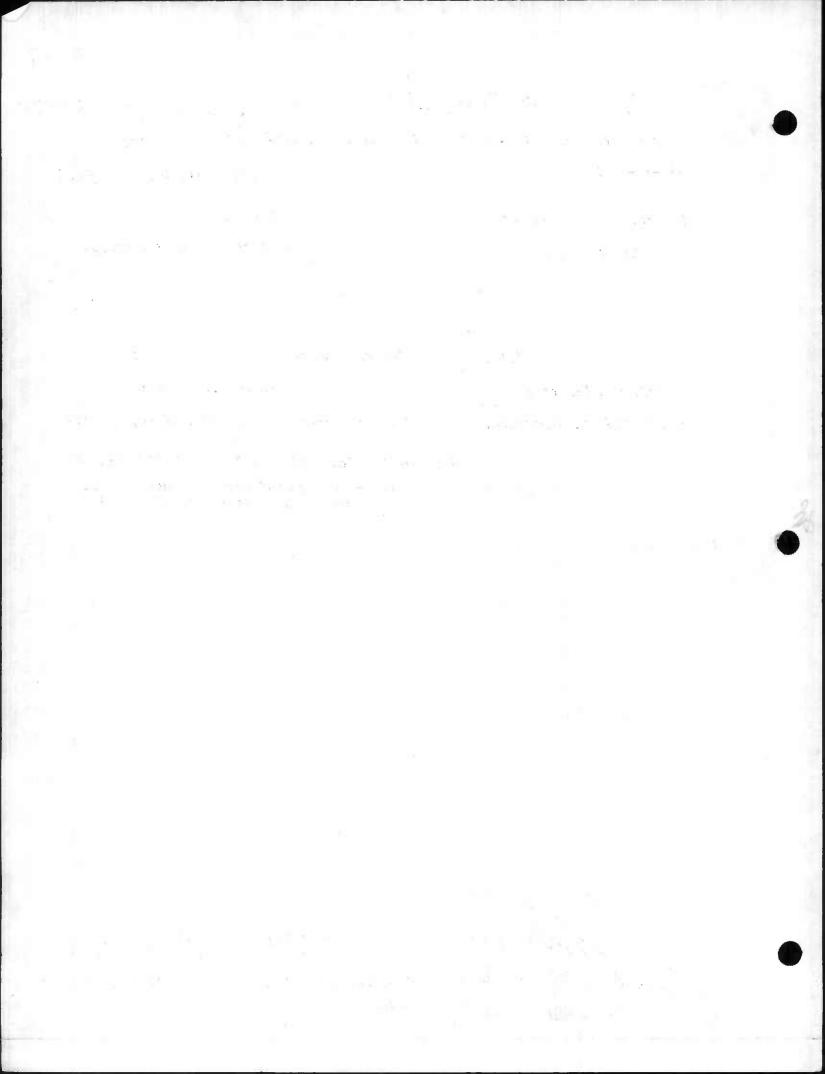
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** norne 3:45PM /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Carroll Lutheran Village Health Care Ctr. Westminster Carroll. If Under 1 Year Months Devs If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Dev. Year) 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Deys 1 M 2 F 214-38-3971 90 Director March 31, 1906 Maryland Usuel Residence of Decedent the Maryland 10e Stete 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examinar must be notified at 10d. Inside City Limits Dundalk Baltimore 1 Yes 2 No Director Maryland 10e. Sfreet and Number 10f. Zip Code 10g. Citizen of What Country? 21222 United States 1725 Church Road Funeral 12. Wes Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: þ 3 ☑ Widowed 4 ☐ Divorced White Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry e filed within 7 el Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) School Teacher Education 4 Years 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be permit. Pages 1 and 2 should be 1 Department of Health and Mantel I important: If item 27 is merked out any injury or other traumerin 2 should be fi Laura I. Caldwell 2 Phillip C. McGinley 19e. Informent's Neme/Relationship (Type, Print) Son 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 16432 Old Frederick Road Mt. Airey. MD 21771 Mr. Phillip R. Thorne, Sr. 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 Burlal 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) Oak Lawn Cemetery 2/25/1997 Baltimore. MD 21. Signeture of Funerel Service License 22. Name and Address of Fecility
Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 21222 23a. Pert1. Enter the disease, or complications that cause if the deeth. Do not enfer the mode of dying, such as cardiec or respiratory arrest, shock, or heart feilure. List only one cause on each ine. **Physician** /Medical Immediete Ceuse (Finel disease or condition resulting in deeth) Examiner Due to (or es e consequence of) Physician/Medical Examiner physician end the burief-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): P.O. Box 68760, Due to (or as a consequence of) ettending p Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the detact 1 Yee 2 No 3 Probably 4 Unknown Division of Vital Records, Completed by Congestive Heart Failure 24b. Were eutopsy findings aveileble prior to completion of cause of deeth? 24e. Wes an autopsy performed? peen page 2 1 Yes 2 No 1 Yes 2 No Attending Physician: 25. Wes cese referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpatlent 3 DOA 1□ Yes 2☑ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To shis 28e. Dete of Injury (Month, Day Year) funeral 27. Manner of Deefh 28d. Describe how Injury occurred 28c. Injury et Work? Affer 5 Pending investigation rideath. 1 Yes 2 No 2 Accident 6 Could not be 3 Sulcide 28e. Plece of Injury - Af home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide を報告 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner as stated.
2 Medicat Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, dete end place, and due to the ceuse(s) end manner stated. 29a. Certifier (Check only one) 4 29b. Signeture end fitte of certifie 29c. License number 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) Business (enth Drive Reistestown, MD Nishner 32. Registrar's Signature Randall 31. Dete filed (Month, Dey, Yeer) State FEB 2 5 1997

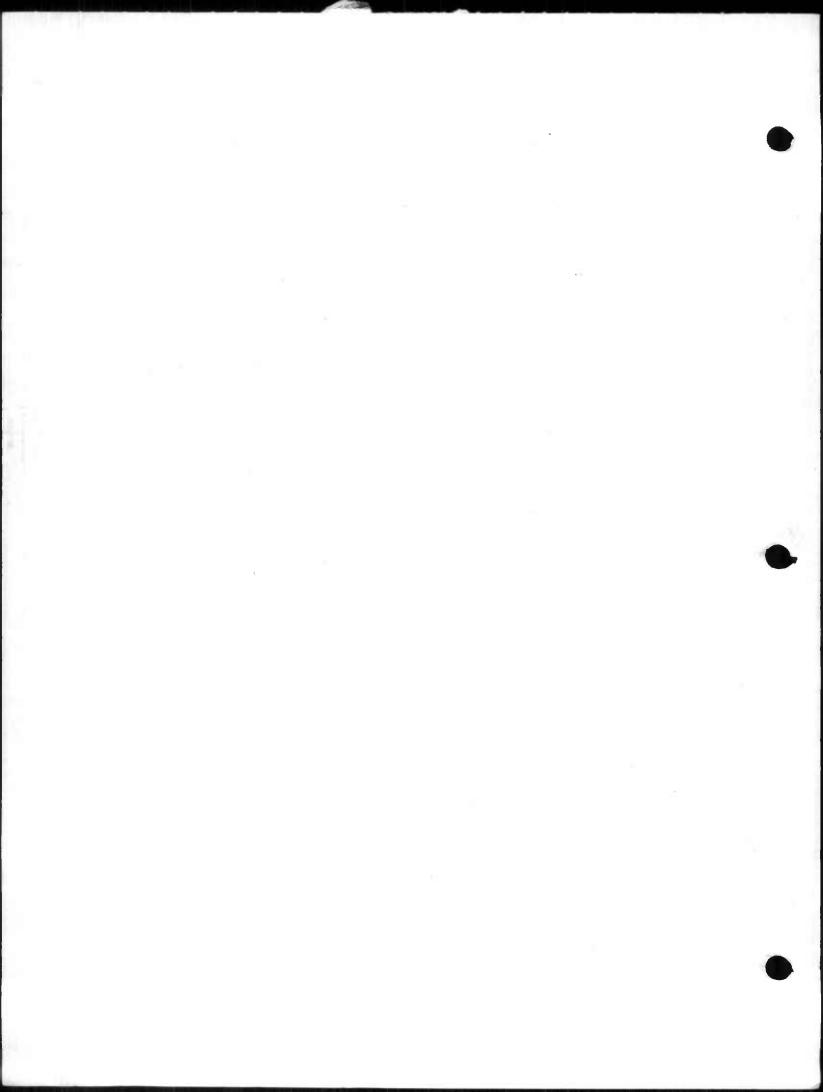
DHMH 16 Rev 6/95

Registrar



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFICA	ATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	THOMPS	200	2. DATE OF OEATH MONTH DA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (In yrs. last birthday) FI	INDER 1 YEAR IF UNDER 24 HRS.	7, DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
	216-165363 10 M2 XE	92 YRS. MON		(Morth, Day, Year) 08-18-	54 MARYIAND
OR		ARE CEUTER	CITY, TOWN OR LOCATION OF DE	1 MORE	n/a
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATION		10d. INSIDE CITY
	Ma. nla	B	Altimore		1 YES 2 NO
FUNERAL	22 South Athol	AUE	10f. ZIP CODE 2/2	29	10g. CITIZEN OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAR	YES 2 XNX	13. WAS DECENDENT OF HISPAI If yee, apocify Fuben, Markes 1 YES NO Specifi	in, Puerto Ricen, etc.)	or No— 14. RACE — American Indian, Black, Whita, aic. Specify BIACK
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. OECEDENT'S USU (Give kind of work	done during most of working	16b. KIND OF BUS	INESS/INDUSTRY
COMPLETED	Elamentary/Secondary (0-12) College (1-4 or 5+)	HOUSEK	HOUSEKEEPING	HOSP	ΙΤΔΙ
ĕ Ö	17. FATHER'S NAME (First, Middle, Last)	HOUSEK		ME (First, Middle, Maiden :	
BE	ALEXANDER ENELS		unk	nown	White the second
6	19a. INFORMANT'S NAME (Type/Print) Cornish OLIVIA CCORNISH	19b. MAILING ADD	RESS (Street and Number or Rural)		n State, Zip Code) BALTIMORE, MD
	20a. METHOD OF DISPOSITION	20b. PLACE AND DATE OF DI	SPOSITION (Name of	-	CATION City or Town, State
	1 X burisi 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	KING ME			ANDALLSTOWN, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		WM. C. MARC	CH FH11	00 E. NORTH AE.
	23. PART I. Enter the disessed or complications that of ahook, or heart feiture. List only one cause	sused the death. Do not e	nter the mode of dying, suc	h se cerdiac or respir	ratory arrest, Approximata interval Batween
	IMMEDIATE CAUSE (Finei				Onset and Death
	resulting In death) a. 15 Che DUE TO (0	R AS A CONSEQUENCE OF):	ic myspoth	7	Jebruary 97
Z	Sequentielly list conditions, b. Conges	tive Hear	t facture.		Nov 13 95
ATI	if any, leading to immediate cause. Enter UNDERLYING	R AS A CONSEQUENCE OF):	tive lung de	i cama	A16 11'02
띮		R AS A CONSEQUENCE OF):	To stage of	c see se	119 72.
CERTIFICATION	resulting in death) LAST		_		
	PART ii. Other algnificent conditions contributing to de	eath but not resulting in the	e underlying cause given in	Part i. 24a. WAS AN PERFOR	
EDICAL	Bilateral pleur	al effusion	,	1 TYES 2	COMPLETION DE CAUSE
2	DID TODA COO LICE CONTRIBUTE TO CALL	CE OF DEATH VEC	T NO THE UNICEDIAL	-	1 TYES 2X NO
ΑN	DID TOBACCO USE CONTRIBUTE TO CAU 25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATH (C		и 🗆 📗	
PHYSICIAN:	EXAMINER? 1 ☐ YES 2 ☑ NO	R/Outpatient 3 DOA	HER: Nursing Home 5 Residence	6 Other (Specify)	
F	27. MANNER OF OEATH 28e. DATE OF IN (Month, Day,	JURY 28b. TIME OF WJURY	WORK?	28d. DESCRIBE HOW II	NJURY OCCUREO
BY	2 Accident Investigation	NJURY — At home, term, atrae	M 1 YES 2 NO	281 LOCATION (Street a	and Number or Rural Route Number.
밀	3 Suicide 6 Could not be building, et detarmined	c. (Specify)	, wellow, office	City or Town, State)	nu rumos di nursi nodio rumos,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examiners.				iner as stated. d dua to the cause(s) and menner as stated.
S					
∞	Dr Ronny Santos		D009	50860	Febr/20/1997
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE Ronny Santosa.	OF DEATH (ITEM 27) (Type, Prin	29c. LICENSE NU DOD 9 Eutaw St,	Baltima	e Mp 21201
	FEB 25 1997 Suna Day	s signature			



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. Items10e,20c 2-25-97 FilmG744 W.H.Per State of Maryland / Department of Health and Mental Hygiene 05449 Certificate of Death F/H 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** /Medical Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Kondallstown andalbtow Altimore if Under 24 H 8. Date of Birth Month, Day, Social Security Number Birthplace (State or Foreign Country)
 MARYLAND 7. Age (In yrs. last birthday) **Funeral** Deys Months 220-07-448 Usual Residence of Decedent 10 M 2 X F Hours 99 Yrs **Director** filed within 72 hours efter deeth with the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits 7 is marked other than "natural", or items 23s or 23s-f show traumstic event, the Medical Examinal mast be notified at Baltimore 1 ☐ Yes 2 No Director 10e. Street end Numb 3913 Chaffey Road 10f. Zip Code 10g. Citizen of What Country? 21133 Funerai Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 14. Race - American Indian, Bleck, White, etc. 1 Never Married 2 Married ☐ Yes 2 No f Yes, Give Baltimore, Maryland 21215-0020 1□Yes 2X No Specify: þ 3 Widowed 4 □ Divorced Year or Detes: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Hygiene. permit. Pages 1 and 2 should be filed will Department of Health end Mental hygien important: if item 27 is marked other that any injury or other traumatic event, that once. SALESPERSON BAKERY 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be 2 ROSENBERG ROSE 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS. SHARON STOPAK (DAUG.) BALTIMORE, MD 1818 GREENBERRY RD. 21209 20b. Piece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Buriai 2 □ Cremetion 3 □ Removal from State ARLINGTON (CHIZUK AMUNO) BALTÍMORE, MD 21209 4 □ Donation 5 □ Other (Specify) 22. Neme end Address of Fecility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 drone thet caused the death. Do not enter the mode of dying, such as cardiac or ause on each line. **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical Examiner (fo ex Examiner The law requires that the death certificete be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last and Due to for as a consequence of) physician a the burial-Physician/Medical Due to (or as a consequence of): ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? been signed by the should be detach 2000 3 Probably 4 Unknown 1 Yee þ 24b. Were autopsy findings evaliable prior to completion of cause of death? 24e. Was an autopsy performed? Completed hes certificate 20/No 1 ☐ Yes 1 ☐ Yes Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) 1 Yes 2 No Hospital: Other: SUNursing Home 5 Residence 6 Other (Specify) 2 1 Inpatient 2 ER/Outpatient 3□ DOA After this 28a. Date of Injury (Month, Day Year) 27. Menner of Death 28b. Time of injury 28c. injury at Work? 28d. Describe how injury occurred Certification: Natural Attending 5 Pending Investigation deeth. 2 Accident 1 Yes 2 No Director: 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) after 4 Homicide

Box 68760. Division of Vital Records, P.O. 24 hours To the F To the F complet

4)

State Registra

edical

29a. Certifier

31. Date filed (Month, Day, Year) FEB 2 5 1997

29b. Signature and title of certifier



29c. License number

1 Cartifying Physicfan: To the best of my knowledge, death occurred at the time, dete end piece, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and piace, and due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year)

The Arms Harry Control of

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 05450 Certificate of Death 1. Decadant's Nama (First, Middla, Last) 3. Time th 2. Data of Death Month Dey **Physician** February VOELKEL 22 1340 ANNA 1797 /Medicai 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner HARbOR Hospital BALTIMORE CENTER II Undar 24 Hrs. 5. Social Sacurity Number If Under 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Yaar) Birthplaca (Stata or Foraign Country) Days 1□M 2⊠F Months Min. Hours 218 01 4355 76 Yrs. April 17,1920 Maryland Usual Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. fnslda City Limits Director Maryland N/A 1 X Yas 2 No Baltimore 10e. Street and Number 10f. Zip Coda 10g, Citizan of What Country? 3907 Brooklyn Avenue 21225 II.S. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Dacadant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Yas 2 No If Yas, Giva Yaar or Datas: 1 Navar Marriad 2 Married 1 ☐ Yas 2 XNo Specify: Specify: by 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) Home Maker Own Home 12th 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Surname) Be 2 Ferdinand Litke **Emma** Bloch 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Robert A. Voelkel husband 3907 Brooklyn Avenue Baltimore, Maryland 21225 20b. Placa of Disposition (Nama of camatary, cramatory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramoval from Stata 2/25/97 4 ☐ Donation 5 ☐ Othar (Specify) Cedar Hill Cemetery Baltimore, Maryland 21. Signatura of Funaral Sarvica Licansee 22. Nama and Addrass of Facility Gonce Funeral Home P.A. memuouren 4001 Ritchie Highway Baltimore, Md. 21225 23a. Pkri1. Entar tha disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata tnterval Between Onsat and Death Immediate Causa (Final disease or condition resulting In death) . MALIGNAUT VENTRICULAR ATTHY thai's 40 nivules Dua to (or as a consequenca of). Physician/Medical Examiner Acute EXTENSIVE ANTERIOR WALL 2 DAYS NON Q WAVE Sequentially list conditions, if any, laeding to immadiata cause. Enter Undarlying Causa (Disaasa or injury Dua to (or as a consequanca of): MYOCARDIAL INFARCTION that initiated avents rasulting in death) Last Due to (or as a consequence of) Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? 1 Wes 2 No 3 Probably 4 Unknown INFERIOR WALL MYDEARDIAL INFARCTION þ 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24a. Was en eutopsy performad' 1 Yas 2 No 1 ☐ Yas 2 No 25. Was casa refarred to medical axaminar? 86 26. Place of Daath (Check only ona) Hospitai: 1 Inpatiant Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 Yes 2 No To 2 ER/Outpatient 3 DOA 27. Manner of Death Data of injury (Month, Day Yaar) 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: 28b. Tima of 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accidant

3 ☐ Sulcide 6 Could not be 4 Homicide

28e. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)

3001

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

1 Certifying Phyatcian: To the best of my knowledge, death occurred at tha tima, data and place, end due to the ceuse(s) and menner es stated.

2 Medical Examiner: On tha basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to tha cause(s) and manner stated. (Check only one) 29b. Signature and title of cartifier

29a. Certifier

29c. License number AS 244 16 14-50

4.1 asi 30. Nama and address of person who complated cause of deeth (Item 23a) (Type, Print)

February 22, 1997

State Registrar

Funeral

Director

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permit. Peges 1 and 2 should be filed within 72 hours effer I Department of Health and Mental Hygiene. Important: If Item 27 is merked other than "natural", or fler any Injury or other traumatic event, tre Mexical Evarities once.

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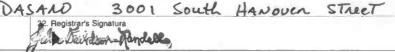
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Saltimore, Maryland 21215-0020

the Medical Examiner must be notified

P. ANTHONY 31. Data filed (Month, Day, Year) FEB 25 1997



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29d. Data signed (Month, Dav. Year)

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Physician
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permit. Peges 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: if flem 27 is marked other than "natural", or flem any injury or other traumatic event, the Marked other.

Baltimore, Maryland 21215-0020

Physician /Medicai Examiner

Examiner

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Attending Physician: The law requires that the death certificate be executed and physician is the buriel signed by the certificate hes tirector, pege 2 s director, this After al or Attending is after death.
al Director: Af

Division of Vital Records, P.O. Box 68760,

Certificate of Death 1. Dacedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month WAGERS February 22, 1997 9:45 PM 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death St. Catherines Nursing Center Emmitsburg Frederick 5. Social Sacurity Number if Undar 1 Yaar If Undar 24 Hrs. 6. Sax 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foraign Country) 1 ☐ M 2 🕱 F Months Days Hours Yrs 218-14-0172 Sept 17, 1924 Maryland Usual Rasidance of Dacedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No Maryland Carroll Westminster 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 193 Bell Rd. 21158 USA 12. Was Dacedant Evar in U,S. Armed Forcas?
1 ☐ Yas 2 ☒ No
If Yas, Giva Was Dacadant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 11. Marital Status 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Navar Married 2 ☑ Married 1 ☐ Yas 2 No Specify: Specify: 3 Widowed 4 Divorcad Yaar or Datas White Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacadant's Education 16b. Kind of Businass/Industry (Spacify only highast grada complated) Edgewood Arsenal Elamantary/Secondary (0-12) Collega (1-4or 5+) Toxicologist US Government years 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Ethel Miller John Pennington McComas 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Dr. Robert P. Wagers (Husband) 193 Bell Rd. Westminster, MD 21158 20b. Placa of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) Druid Ridge Cemetery 2-26-97 Pikesville, Maryland 21. Signature of Funaral Sarvice Licensaa 22. Nama and Addrass of Facility Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD 21133 Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Approximata Interval Batwaan Onsat and Death PNEUMONIA Immadiata Causa (Final ASPIRATION 3iveele disaasa or conditior rasulting in death) Dua to (or as a consequence of): DEMENTIA Sequantially list conditions, if any, leading to immadiata causa. Entar Underlying Causa (Disaasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequenca of): Dua to (or as a consaquanca of):

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						24a. Was an autopsy performed?	24b. Wara autopsy findings available prior to completion of cause of death?
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2 Accidant	anding astigation		28b. Tima of Injury M	28c	. Injury at Work? 1 ☐ Yas 2 ☐ No	28d. Describe how injury occur	rred
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2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29b. Signatura and title of certifier

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29c. Licansa number

🖅 Certifying Physician: To tha best of my knowladga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated.

29d. Data signed (Month, Day, Year)

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30. Nama and addrass of person who completed cause of death (Itam 23a) (Type, Print)

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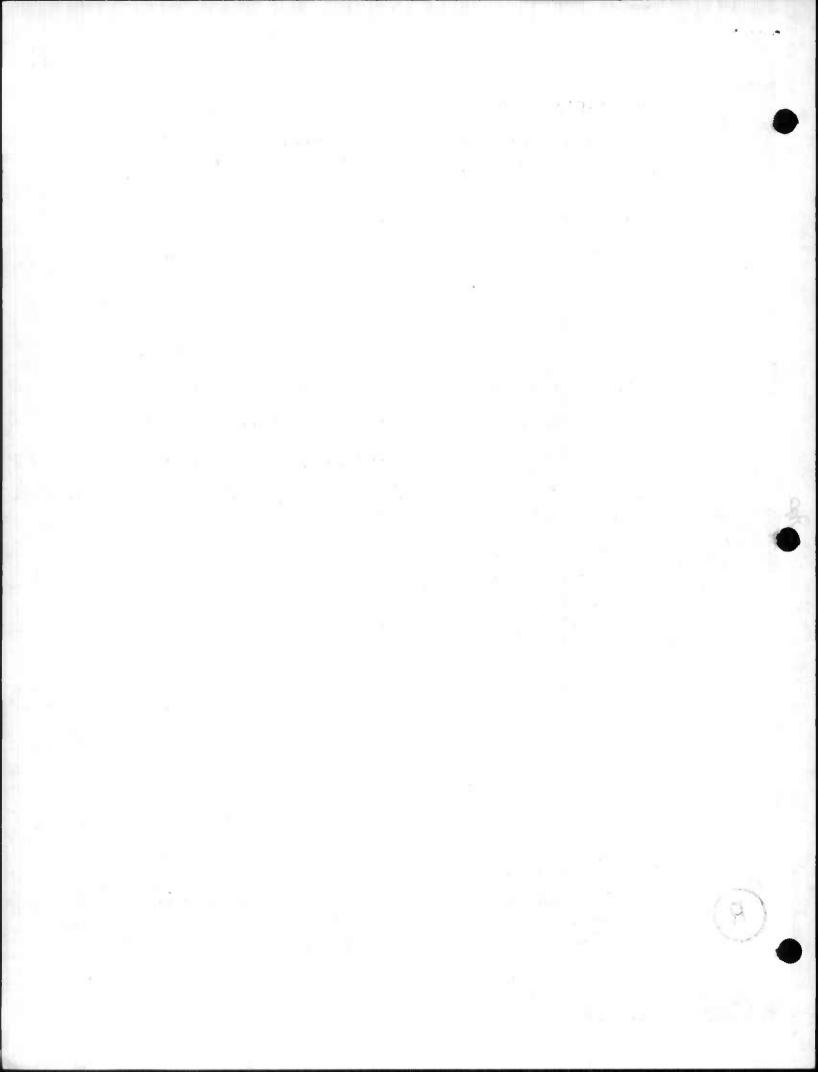
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State

Registrar



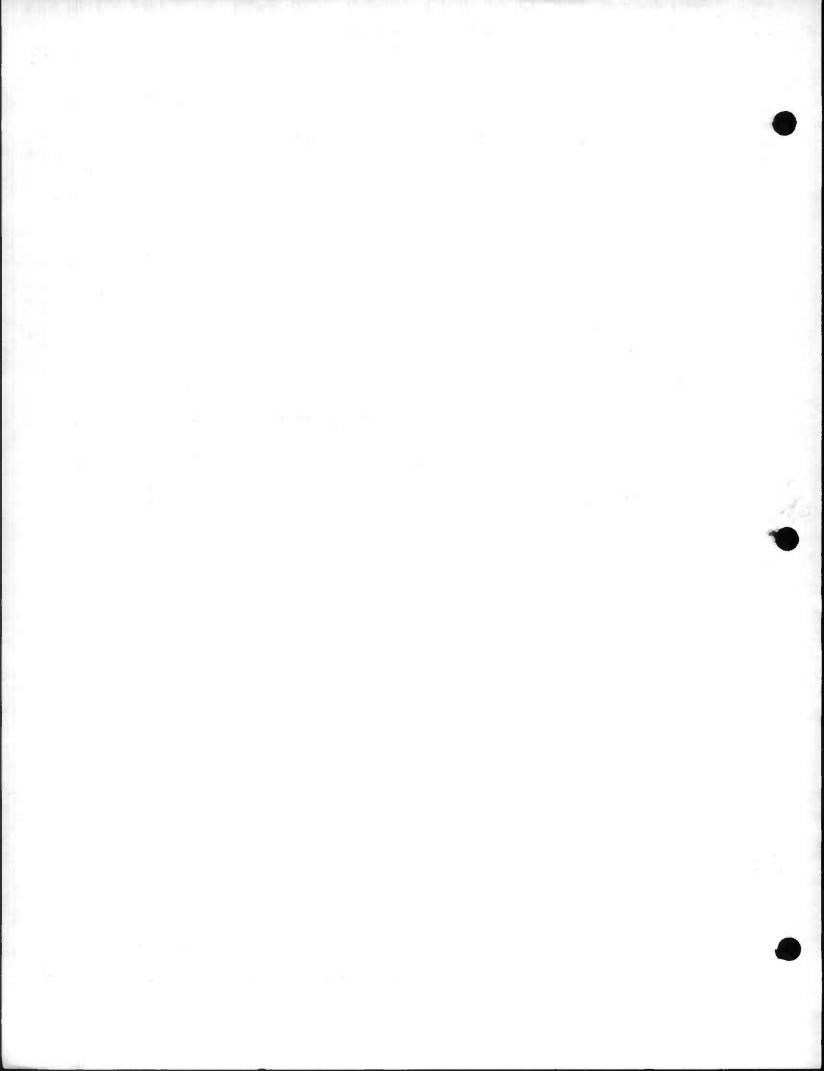
State of Maryland / Department of Health and Mental Hygiene Q 7

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						Cert	ificate of	Death		Reg. No.		50	406
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Exami		4e. Facility Neme (If not institution, gr	ive street and number)				4b. City, Town, o	or Location of Dee	h 4c. County	of Deeth		
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		Usuel Residence of Decedent							May 1	1,1951		MD	
Mend Mend		10a. Stete 10b. County		10c. City	y, Town	or Loca	ition				10	d. Insid	de City Limits
Mar Hard	to	MD n/	′a	E	Bal	tim	ore					MIN'	Yes 2 □ No
h the	Director	10e. Street and Number					10f. Zip Code			10g. Citizen of	What Counti	ry?	
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and 21215-0020 be filed within 72 hours efter death with the Marylend hat Hygiene. diother than "natural", or items 23s or 28s-f show event, the Medical Exercites must be notified as	by	1 Never Married 2 Married 3 Widowed XXXDivorced	Armed Forces' 1 ☐ Yes 2 ☐ If Yes, Give Year or Dates:				Yes ZIZINo		erto Rican, etc.)		ok, White, el y: B1ac		
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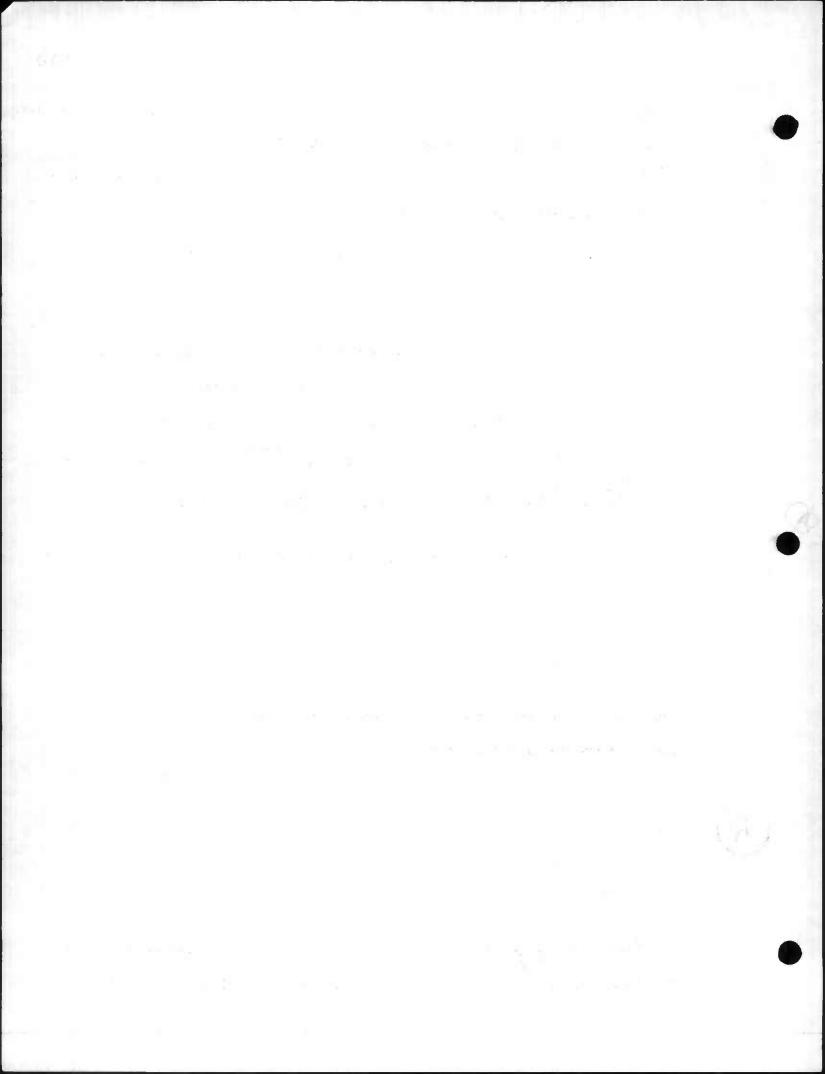


State of Maryland / Department of Health and Mental Hygiene 97 05453

						Cei	tificate	of Death		Rec	. No.	1	00400
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dea	E S	ner	11. Marital Status	12. Was Dec	edant Evar in U,		Was Dacedent	of Hispenic Orig	in? (Specify Yas	r No-			can Indien,
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/ /I	ysician Medical kaminer		23a. Pert1. Enter tha dilless, or shock, or haart failure. List immadlata Causa (Final disessa or condition resulting in death)		nic obs		ve pul					1	Interval Batween Onsat and Daath 30 years
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68760, ifficate be ex	cian		Sequantially list conditions, if any, laading to immadieta ceusa. Entar Undarlying Causa (Disaase or Injury	C								1	
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I Rec	ate has page 2	dm									. 3.5		daath?
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OF	Di)	-	27. Mannar of Deeth		of Injury	28b. Time of		Injury et Work?	rsing Homa 5 28d. Dasc		injury occur		у)
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Division of	her den	Certification:	3 ☐ Suicide 6 ☐ Could r 4 ☐ Homicida datarmi	ned 208. Place	of Injury - Al ho ing, atc. (Specify	me, farm, str	aat, factory, of	fica	28f. Locat City of	ion (Stra r Town,	et and Numl Stete)	per or Aure	al Routa Number,
Hospital	ours filled		29a. Cartifiar 1 🕅 Certifying	Physician: To the	haet of my know	uladaa daath	occurred at th	a time data and	I place, and due to	the enu	no(a) and m	anner ec n	tated
£ 6	Fur etaly	edical		xaminer: On tha b	asis of axaminat	ion end/or inv	astigation, in	my opinion, daet	h occurred et tha t	ima, data	a and place,	end dua le	the cause(s)
Tothe	within 24 hours at To the Funeral Di completely filled i	Me	29b. Signatura and titla of certifiar				29c. Lie	canse number		290	l. Date signe	d (Month,	Day, Year)
,	200		Alexander	n & O.	mber			מבו בחת					
	•)		20 Name and address of second			030) (T		D02120		F	ebruai	y 22	, 1997
	5		30. Nama and address of person v					ro Dud	Do14	- 4	eo 14.1	2.1	1227
			Dr. Herman Jun		9000 F	ralikil	.ii oqua	re Drive	Dali	- TINO]	re, Md	· Z.	1237

Registrar DHMH 16 Rev 6/95

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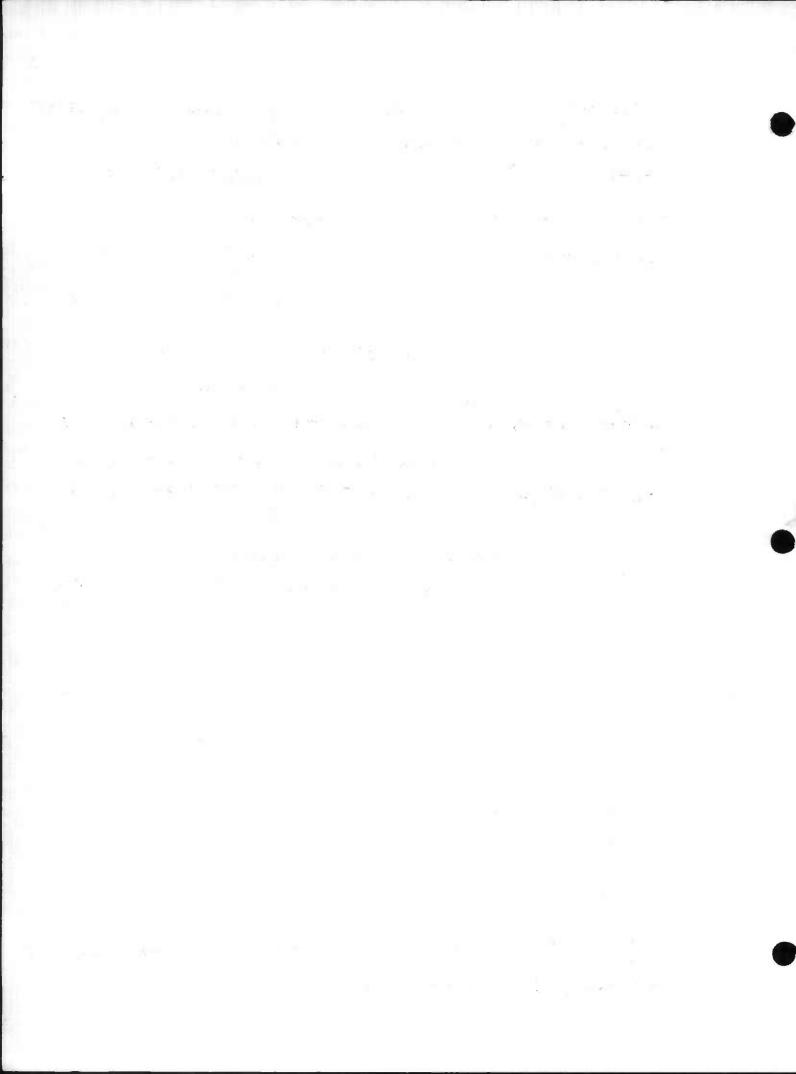


State of Maryland / Department of Health and Mental Hygiene

05454 Certificate of Death 1. Decedent's Name (First, Middle, Last 2. Dete of Deeth 3. Time of Deeth **Physician** Scott 4:15 PM rebruar /Medical 4a. Fecility Nama (If not institution, giva street and n 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Gilchrist Center Towson Baltimore If Under 1 Yaar 5. Sociel Security Number If Undar 24 Hrs. 6 Sax 7. Aga (In yrs. lest birthday) Birthpleca (Stete or Foreign Country) **Funeral** Deys Hours 1XM 2□ F 85 Yrs **Director** 311-01-9165 Indiana Usuel Residence of Decedent 10b. County 10c. City, Town or Location 28a-f ahow 10d. Inside City Limits d other than "natural", or items 23s or 28s-f show event, the Medical Examiner must be notified at 1 ☐ Yas 2 No Director Maryland | Baltimore Timonium 10e. Street end Number 10f. Zip Coda 10a. Citizen of Whet Country? 7 Bailiff's Court, #102 21093 USA death 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☒ No If Yas, Give Yeer or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - Amarican Indien, Bleck. White, etc. filed within 72 hours efter 1 Never Married 2 Married 21215-0020 by 1 ☐ Yes 2 X No Specify: Specify: 3 XWidowed 4 ☐ Divorced White Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest greda completed) al Hygiene. Elamantary/Secondary (0-12) Collaga (1-4or 5+) 12 Executive Steel Baltimore, Maryland 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) Peges 1 end 2 should be fill ment of Health end Mental H amt: If Item 27 is marked out Be traumatic Wycoff Scott Alice 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) nt of Health e :: If Item 27 is / or other tra 12 Valleywood Court, Timonium, MD Suzanne Wycoff Strutt 20b. Plece of Disposition (Name of cemetary, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremetion 3 ☐ Ramovel from Steta 4 ☐ Donation 5 ☐ Other (Specify) 2/25/97 Terrehaute, Indiana Highland Lawn Cemetery 21. Signature of Funerel Service Ucense 22. Neme end Address of Fecility Lemmon Funeral Home Clary 10 W. Padonia Road, Timonium, MD 23a. Part1. Enter the disease, or complications that caused the dweth. Do not anter the mode of dying, such as cerdiac or respiretory errest, shock, or heart fellule. List only one cause on agent line. Approximeta Intervel Between Onset end Daeth Physician Chronic Obstructive lus Disepse /Medical Immediate Ceuse (Final years diseese or condition resulting in deeth) **Examiner** Examiner The law requires that the death certificate be executed Sequentielly list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Diseesa or Injury that initieted events rasulting in deeth) Last and Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medicai Dua to (or es e consequance of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 ☐ Unknown ģ Completed 24b. Were eutopsy findings evellable prior to completion of causa of daath? 24e. Wes en autopsy performed? 1 ☐ Yas 2 ☐ No Physician: Be 25. Wes cese referred to madical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Wher (Specify) Hoop ice 1 Yes 2 No Lo 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA After this 28e. Dete of Injury (Month, Dey Year) 27. Menner of Daath Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Attending 5 Pending Investigation 1 Neturel death. 1 ☐ Yes 2 ☐ No 2 Accident rector 6 Could not be datermined 3 ☐ Suicida 28a. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Routa Number, City or Town, Steta) 'n 4 Homicide Medicai 1 Certifying Physicien: To tha best of my knowledge, deeth occurred et the time, deta and plece, end due to the ceuse(s) end manner as stated.
2 Medical Examinar: On the basis of exemination and/or investigation, in my opinion, daeth occurred et the time, date and plece, end due to tha ceuse(s) end menner stated. 29a. Certifier 295. Signature and title of cegiller 29c. License number 29d. Data signed (Month, Day, Yeer) 30. Nama end eddress of person who completed cause of deeth fram 23a) (Type, Print) 6601 N. Charles St., Towson, MD Anthony Riley, MD 21204 31. Deta filed (Month, Dey, Year) 32 Registrar's Popularies FEB 2 5 1997 Registrar

						d / Depar <i>Certi</i>	ficate of	Death		Reg. No.	7 05455
Physic	ian		ime (First, Middle, Las	st)	1.1	ode			2. Date of De Month	Day	Year 3. Time of Deat
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Exami	ner	The second second	lopkins Bai			Ctr.		Baltin			/A
uneral		5. Sociel Securify	Number 6. S	ex 7. A		ast birthdey)	If Under 1 Yeer	if Under 24 Hrs.		th Vegel	Birthplace (State or Fore Country)
irector		231-30-	68/6	□M 258F	68	Yrs.	MOIIIIS Days	Hours Mill.	April	th Year 928	Virginia
ž		Usual Residence	of Decedent 10b. County		10c. City	, Town or Local	tion				10d. Inside City Lim
finds	ţ	Maryland	! (Carroll				Finksburg	1		1 □ Yes 2 🛣
r 28a	rec	10e. Street and					10f. Zip Code			10g. Citizen of Wi	
23a	<u>s</u>	3233 M	urray Road						21048	United	States
Herns 23a or 28a-f show inst must be notified at	Funeral Directo	11. Marifal Statu		12. Wes Deceden Armed Forces	?	S. 13. We	s Decedent of I	Hispanic Origin? (S en, Mexican, Puert	pecify Yes or No o Rican, etc.)		- American Indian, , White, etc.
, or h	by F		erried 210 Merried	1 ☐ Yes 2 🔀		10	Yes 2 No	Specify:		Specify:	white
Se E		3 L3 W 100 W 84	15. Decedent's Ed	Year or Dates:		16a. Deceden	it's Usual Occur	pation		16b. Kind of Bus	
Media Media	Completed		ecify only highest gra- condary (0-12)	de completed) College (1-4or	54)	(Give kir life. DO	d of work done NOT use retire	pation during most of wor ad)	king		
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marked matic e	10	1111111111	t Brooks		, ,	1			lice Bro		
i n i			Name/Relationship (1 nneth E. W		sband			t and Number or Ru			
Item 27 other t		20a. Method of E	isposition			ace of Dispositi	on (Name of	Road Fi	Dete		ad 21048 Dity or Town, Stefe
			2 Cremation 3 D		8	emetery, cremat	•	-	007	Dall+:ma	110
mportant: If any injury or ansa.	4		Funeral Service Licen	111	Var	22. N	lame and Addre			Baltimo	
emy i		1	All	D				ck Funera			
		26a Parti. Ente	r the disease, or comp eart failure. List only	olicetions thet cause	ed the deeth	. Do not enfer	the mode of dyl	ng, such es cardie	or respiratory e	marykar rrest,	Approximate interval Between
/sician		SHOOK, OF I	sart landle. List only	orie cause on each	mre.						Onset and Death
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	7	resulting in death	')		Due to (or	as a conseque	nce of):				Parys
ansit	Examiner		•	b	Bou	as a conseque	bstruct	1011			yans,
an an rial-tr	Exa	Sequentially list if any, leading to cause. Enter Ur Cause (Disease	immediate derlying		0) 01 600	as a conseque	noe oi).				
physician and the burial-transit	dicai	Cause (Disease that initiated eve resulting in deati	its	C	Due to (or	as a conseque	nce of):				
Q1 44	0			d							
ed by the attending of detached for use as	Physician/M			0.							
ched	ysic	Part II. Other sig	nificant conditions co	onfributing to death	buf not resu	lfing in the unde	erlying cause gi	ven in Part I.	23b. Did	tobacco use cont	tribute to the causs of dea
igned by be detac									10	Yss 2□ No	3 Probably 4 Unkn
n sign	ed by									an autopsy	24b. Were autopsy finding
2 should	Completed								perio	omed?	available prior to completion of cause of death?
Z 8	E O								10	Yes 2000	1 ☐ Yes 2 ☐ No
s certificate director, pag	Be	25. Was case re	erred to medical					26. Place of Dec	ath (Check only	one)	22/11/2
anis ce	2	1 ☐ Yes 2	THE	Hospital:		ER/Outpatient	3LI DOA		lome 5 Resi	dence 6 Other	(Specify)
	lon	27. Menner of De 1 Natural	5 Pending	28e. Dete of Inj (Month, D	ay Year)	28b. Time of Injury	28c. Inju Wo	ryat ⊮k?]Yes 2 □ No	28d. Describe	how injury occurre	od
Affect		2 ☐ Accident	investigation		niury - At ho	me, farm, street) 168 2 NO	28f. Location (Street and Numbe	r or Rural Route Number,
ctor: After y the tuner	lica	3 - Suicide	determined	building, e	tc. (Specify)	, rectory, critica		City or To		or many route rames,
d in by the tuner	ertifica	4 Homicid				dedne death or	curred at the fi	me, date and pleca	and due to the	cause(s) and men	ner as stated.
Funeral Director: After Invalled in by the funer	ical Certification:	4 ☐ Homicid 29a. Certifler (Check only	12 Certifying Phy	valcian: To the best	of examinati	on and/or inves	figation, in my	opinion, death occu	rred af the time,	date end placa, sr	nd due to the cause(s)
o the Funeral Director: After impletery litted in by the funer	edicai	4 Homicid 29a. Certifier (Check only one)	1风 Certifying Phy 2回 Medical Exam	ysician: To the best linar: On the bests of end menner s	of examinati	on and/or inves	figation, in my	opinion, death occu	rred af the time,	date end placa, sr	(Month Clay Year)
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To the Funeral Director. After ocmpielby liked in by the tuner	edicai	4 ☐ Homicid 29a. Certifler (Check only one) 29b. Signature a	1 Certifying Phy 2 Medical Exam Indititle of certifier dress of person who co	end menner s	of examination of exa	on and/or inves	29c. Licens	opinion, death occu	rred af the time,	date end placa, sr 29d. Date signed	(Month, Day, Year)

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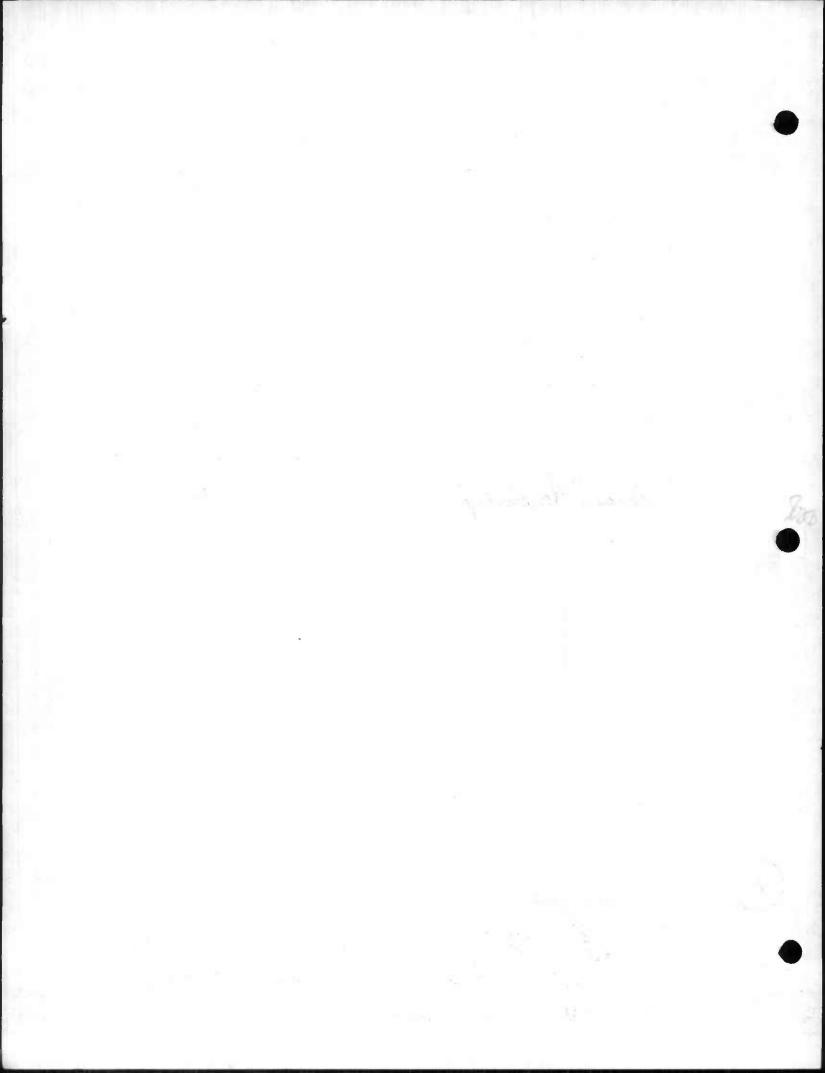


State of Maryland / Department of Health and Mental Hygiene

97 05456

lan				Ce	rtificate	OIL	Jeain			Reg. No.		
cal	1. Decedent's Nama (First, Midd Margaret Ann								2. Date of De Month Feb.	Day	1997	3. Time of Death 1607
ner	4a. Facility Name (If not institution	nn, give street and nu	mber)			41	b. City, To	wn, or Lo	cation of Deat		nty of Death	
	Anne Arundel	Medical C	enter				Annar	olis	3	Ant	ne Arur	nde1
	5. Social Security Number	6. Sax	7. Aga (In yrs. le	st birthday)	If Undar 1	Yaar	If Under	24 Hrs.	8. Data of Bir (Month, De		9. Birthpla	ace (Steta or Fore
	216-82-0665 Usual Residence of Decedent	1□M 2√F	37	Yrs.	Months	Days	Hours	Min.	July 3	1959	Count	yland
	10a. State 10b. County		10c. City	Town or Lo	ocation						10	d. Inside City Lim
Funeral Director		Arundel	Day	vidson	ville							1□Yas 2∏
급	10e. Street and Number	_			10f. Zip C					10g. Citizen o	f What Count	ry?
ra	1560 Rossback					L035				USA		
E I	11. Marital Status	Armed Fo		5. 13.	Was Dacede If Yes, specif	nt of His y Cubar	spanic Orig n, Mexicen	gin? (Spe , Puarto	olfy Yes or No Rican, atc.))- 14. R	ace - America lack, White, a	
D	1 Never Married 2 Mar 3 Widowed 4 Divorced	If Yes Gi	ve		1⊡Yes 2∛	No 🖸	Specify:			Spec	olfy: whi	ite
tec	15. Deceder	nt's Education st grade completed)		18a. Dece	dent's Usual	Occupa	ition	of worki	20	16b. Kind of	Business/Inde	ustry
Completed	Elementery/Secondary (0-12)	College (1-4or 5+)	life.	kind of work DO NOT use	retired)	uring most	OF WORK	ng			
Con	12			Spe	cial I	Educ	ation	1		Schoo	01	
Be (17. Fathar's Nama (First, Middla,	Last)							(First, Middle	, Meiden Sum	eme)	
To	Charles John	n Wagner					Mary	7 Anr	Scott			
	19a. Informant's Name/Relations	ship (Type, Print)		19b. Maille	ng Address (Street e				er, City or Tow	m, Stete, Zip (Code)
	Mary Ann Wa	agner								ville N		
	20a. Method of Disposition			ce of Dispo	sition (Neme	of		1	Date		- City or Tow	
	12 Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (S		Stata		Memor		•	len	2/19	Davids	sonvill	le MD
	21. Signature of Funeral Service	Licensee	2		. Name and				D	٨		
	Hamon!	Handes	to 1	1	2 Rido	y F	unera	IL HO	me, P.	is MD 2	21401	
	23a. Part1. Enter the disease, or shock, or heert feilure. List	complications that o	ausey the death.	Do not ent	er tha mode	of dying	, such as	cerdiac o	r raspiratory a	rrest,		Approximate Intervel Between
		,,									1	Onsat and Death
	Immediata Cause (Final disease or condition		acute as	pirati	ion						1	2 hrs.
	rasulting in death)	a		as a consec								
Je.		é	acute se		(40.110 0.7.							2 hrs.
Examiner	Sequentially list conditions	b			uence of):							
	if any, leading to immediate cause. Enter Underlying			oras a consequence of): : siezure disorder								11 yrs.
cai	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Couse (Disease or Injury that initiated events	C	Due to (or a	as a conseq	uence of):							
Med	rasulting in death) Last	d										
Physician	Part II. Other significant condition	one contributing to de	eath but not result	ting In the u	nderlying cau	ise give	n In Part I.	-	23b. Dld	tobacco use o	contribute to	the cause of deat
4									10	Yes 2 No	3 □ Prob	ably 4 Unkno
by												
									24a. Was	an autopsy		e autopsy finding
Completed									pend	ormed?	com	lable prior to pletion of causa eath?
E									10	Yes 2∰No		32
	25. Was case referred to medice	1					00 81	.15	1000		- '-	Yes 24No
o Be	examiner?	Hospital:			-5	Other	p.		(Check only o			
H-	27. Manner of Death	28a. Dete	-	R/Outpatien 28b. Time of		1	4 L) 1901			dence 6 00		
cation:	1 ☐ Natural 5 ☐ Pandin 2 ☐ Accident investig	gation (Mont	th, Day Year)	Injury	М 200	i. Injury Work1 1 □ Y	? 'es 2□N		od. Describe	now injury occi	urred	
=	3 ☐ Suicide 6 ☐ Could i 4 ☐ Homicide determ	ined 286. Place	of Injury - At homing, etc. (Spacify)	ne, farm, str	eet, factory, o	office		2	8f. Location (City or To		nber or Rurei	Routa Number,
9	202 0 48	g Physician: To the	best of my knowl	edge, deeth	occurred at	the time	e, dete and	place, a	nd dua to the	cause(s) and r	nenner es sta	ted.
cal Certifi	29a. Certifier 1 Certifyin	Examinat. Of the De	ner stated.	and or inv	restigation, in	тпу орг	mon, deat	1 OCCUFFE	d at the time,	date and place	e, end due to t	ne ceuse(s)
edical	(Check only 2 Medical one)	and manr				1				20d Date elec	ed (Month, D	ou Veesl
ledical	(Unack only 2 Medical	and manr			29c. L	icense	number			230. Date sign	iou (inician, D	ey, rear)
ledical	one) 2 Medical	and manr				2957				Feb.		
Medical	one) 2 Medical	in y	e of deeth (Item 2	23a) (Type.	D							
Medical	29b. Signature and title of central 200. Name and address of person	who completed ceus			D.	2957	71	, Cr	ofton.	Feb.	19 19	
Medical	29b. Signature and title of central	who completed ceus		ton B	D.	2957	71	, Cr	ofton,	Feb.	19 19	

DHMH 16 Rev 6/95

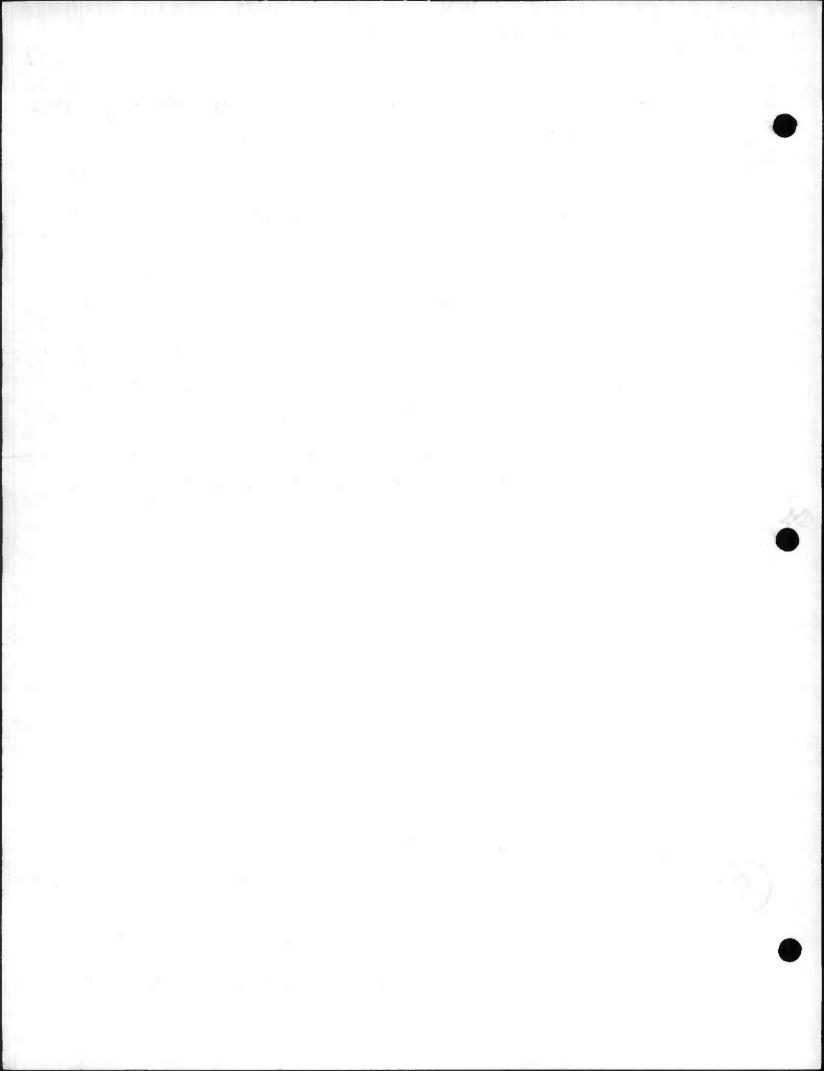


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			Decedent's Name (First, Middle, Last,		-	Certificate		Re 2. Date of Deet	g. No.	, 00401
	Physic /Medi		PAUL MALCOL	M WA	ATSON	III		Month FEB.	22, 1	3. Time of Death 997 0221AM
1	Exami	ner	4e. Fecility Neme (If not institution, give 4828 WRIGHT AV				BALTIN	F Location of Deeth	4c. County o	f Deeth
	Funeral Director		5. Sociel Security Number 6. Sec. XX 218-98-6173 Usuet Residence of Decedent	7. Age	(In yrs. last birth	Months Da			Year) , 1975	9. Birthplece (Stete or Foreign Country) Maryland
	the Maryland 28a-f show notified at	ctor	10e. State 10b. County Maryland N/A	1	10c. City, Town		Baltimor	е		10d. Inside City Limits 1 ☐ Ves 2 ☐ No
	23a or 2	Funeral Director	10e. Street end Number 4828 Wright	Avenue		10f. Zip Coo	21205	10	g. Citizen of WI	net Country?
020	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or flems 23a or 28a-f show ont, the Medical Examiner must be notified at	by	11. Maritel Stetus 1 ▼Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Ev Armed Forces? 1 XYes 2 ☐ No If Yes, Give Year or Dates:		13. Was Decedent If Yes, specify (1 ☐ Yes 2 🎇		(Specify Yes or No- erto Rican, etc.)		American Indien, White, etc.
21215-0020	d within 72 h giena. er than "natu	Completed	15. Decedent's Edu (Specify only highest grede Elementery/Secondery (0-12) 1 2	cetion e co <i>mpleted)</i> College (1-4or 5+)		Decedent's Usual Oc Give kind of work do life. DO NOT use re tudent	cupetion one during most of w tired)	rorking	6b. Kind of Bus	lness/Industry
Maryland	S a b S	Be	17. Father'e Neme (First, Middle, Last)	TT-+				eme (First, Middle, M	leiden Sumeme)
ary	d 2 should th and Mer 7 is marke traumatic	To	Paul Malcol 19e. Informent's Name/Relationship (Ty)		-	Meiling Address (Sti		orah Rut Rure <i>l Rou</i> te Number,		
	is 1 and 2 of Health item 27 ii		Paul Malcolm Watso	on, Jr./fat	_	334 Wal	dman Ave	T		e, MD 21219
Baltimore,	S 4 2 5		1 ☐ Buriel 2 ☒ Cremetion 3 ☐ R 4 ☐ Donetion 5 ☐ Other (Specify)	emovel from Stete	cemetery	cremetory or other Crematory	place)	2/24/97		nore, MD
Balti	permit. Page Department of Important: If any Injury or pace.		21. Signeture of Funerel Service License	Dawn F. 1		22. Name end Ac	Idress of Fecility	ety of N	Marylar	
	Physician /Medical Examiner	Examiner		Contac	A She ue to (or es e co	nsequence of):				Approximate Intervel Between Onset end Deeth
30,	ificate be executed g physician and as the burial-transit	Exa	Sequentietly list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Disease or Injury that inkleted events	Di	ue to (or as a co	nsequence of):				
Box 68760,	5 0 6	ian/Medical	that initiated events resulting in deeth) Lest		e to (or es e co	nsequence of):	i			
.O. B	the death cer y the attendin ached for use	Physicia	Pert II. Other eignificant conditions con	tributing to death but i	not resulting in t	he underlying cause	given in Pert I.	23b. Did tot	acco use cont	ribute to the cause of death?
s, P.	that date	by Ph						1 □ Ye	\$ 2□No	3 ☐ Probably 4 ☑ Unknown
Records	aw requir ts been s 2 should	Completed b						24a. Was an pertorm		24b. Were autopsy findings eveilable prior to completion of cause of deeth?
Vital B	clen: The lentificate he		25. Wes cese referred to medical					₹ Ye		1 X Yes 2□ No
of	uding Physician: III. After this certific	lon: To Be	examiner? XIXYes 2 No 27. Menner of Death 1 Naturel 5 Pending	ospital: 1 Inpatient 28e. Dete of Injury (Month, Dey Y	28b. Tir (ee r) Inj	ne of 28c. I	Other: 4 Nursing	Home **CResider** 28d. Describe hov	nce 6 Other	
Division	at o man	Certification:	2 Accident Investigation 3 Sulcide 6 Could not be determined	28e. Plece of Injury building, etc. (- At home, fam	215 ^M n, street, fectory, offi	I∐Yes 2 25 No ce	28f. Location (Str. City or Town 4828	eet end Number	r or Rurel Route Number, VK Batt. 223
1		edical	29a. Certifier (Check only ene)	Iclan: To the best of reer: On the basis of exert manner state	caminetion end/	leeth occurred et the or investigetion, in n	e time, dete end plac ny opinion, death occ	ce, end due to the ce curred et the time, de	use(s) end man te end plece, er	ner es stated. ad due to the cause(s)
	To the To the comple	Mex	29b. Signature and title of certifler	Pilo manner state	u,		ense number	29		(Month. Dey. Year)
	1		30. Name and address of person who co	mpleted cause of deet	th (Item 23a) (T	/pe, Print)				

111 Penn Street, Baltimore, Maryland 21201

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 05458 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Tima of Death **Physician** Month Yaar Penelope

4a. Facility Name (If not institution, give street and number) xecominos 22:00 20 /Medicai 4b. City. Town, or Location of Death 4c. County of Daath Examiner Johns Hopkins Bayview Medical Center Baltimore City 7. Aga (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Yel Nov. 10, 5. Social Sacurity Number Birthpleca (Stata or Foreign Country) **Funerai** Year) 1912 Days Hours 1□ M 2□ F 219-74-9828 84 Yrs. Director Greece Usual Residence of Dacedani 10a Stata 10h County 10c. City. Town or Location 10d. Insida City Limits 28a-f show the Medical Examiner must be notified at 1 Yes 2 No N/A Director Maryland Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 9 Негля 23а 709 S. Oldham Street 21224 U.S.A. 14. Raca - Amarican Indian, Black, Whita, atc. 12. Was Decedant Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No Was Dacadant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 1 Nevar Marriad 2 Married 6 If Yas, Giva Yaar or Datas: 1 ☐ Yas 2 🙀 No Specify: p Specify: 3 X Widowed 4 ☐ Divorced White "natural", Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highest grada complated) Elemantary/Secondary (0-12) 6th Collega (1-4or 5+) Homemaker Own home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surname) Anthony Rombos Argiro Xeopolitides 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) John Xecominos, son 8616 Castle Mill Circle, Baltimore, MD 21236 20b. Place of Disposition (Nema of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 ☐ Cramation 3 ☐ Removel from Stata 4 ☐ Donation 5 ☐ Other (Specify) Greek Orthodox Cemetery 2-24-97 Baltimore, Md. 22. Nama and Address of Facility 21. Signatura of Funerai Servica Licanse Matthews Funeral Home 23a. Pert 1. Enter tha disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata interval Batween Onsat and Death **Physician** /Medicai Immediata Causa (Final disaasa or condition rasulting in daath) Urosepsis Examiner Probable Physician/Medical Examiner Preumonia physician and s the burief-tran Sequentially list conditions, if any, leading to immadiata causa. Enter Undarlying Causa (Diseasa or Injury that initiated avants resulting in death) Last Dua to (or as a consaquence of): the Due to (or as a consequance of): signed by the 6 Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably Wunknown 1 Yee 2 No þ tate hes been signated by page 2 should b 24b. Wara autopsy findings available prior to Completed 24a. Was an autopsy completion of causa of daath? certificate 1 Yes 1 ☐ Yas 2 ☐ No director Be 25. Was casa rafarred to medical 26. Placa of Daath (Check only ona) 1 Yas 20 No Othar: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) 70 1) Inpatiant 2 ER/Outpetient 3 DOA this 27. Manner of Daath 28b. Tima of 28d. Dascribe how injury occurred 28c. injury at Work? After 5 Panding invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accidant Director: / 3 Suicida 6 Could not be dataminad 28e. Place of Injury - At homa, farm, straat, factory, offica building, etc. (Spacify) 28f. Location (Straat and Number or Rurel Route Number, City or Town, Stete) 4 Homicide To the Hospital o within 24 hours aff To the Funeral Di completely filled in Medical 1 Cartifying Phyaicien: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mennar as stated.
2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mennar stated. 29a, Cartifiar 29b. Signatura and titla of cartifiar 29c. Licensa number 29d. Data signed (Month, Day, Year)

State Registrar

death

filed within 72 hours after

The law requires that the death certificate be executed

P.O. Box 68760.

Records,

Division of Vital

Hospital or Attending Physician: 24 hours after death.

Baltimore, Maryland 21215-0020

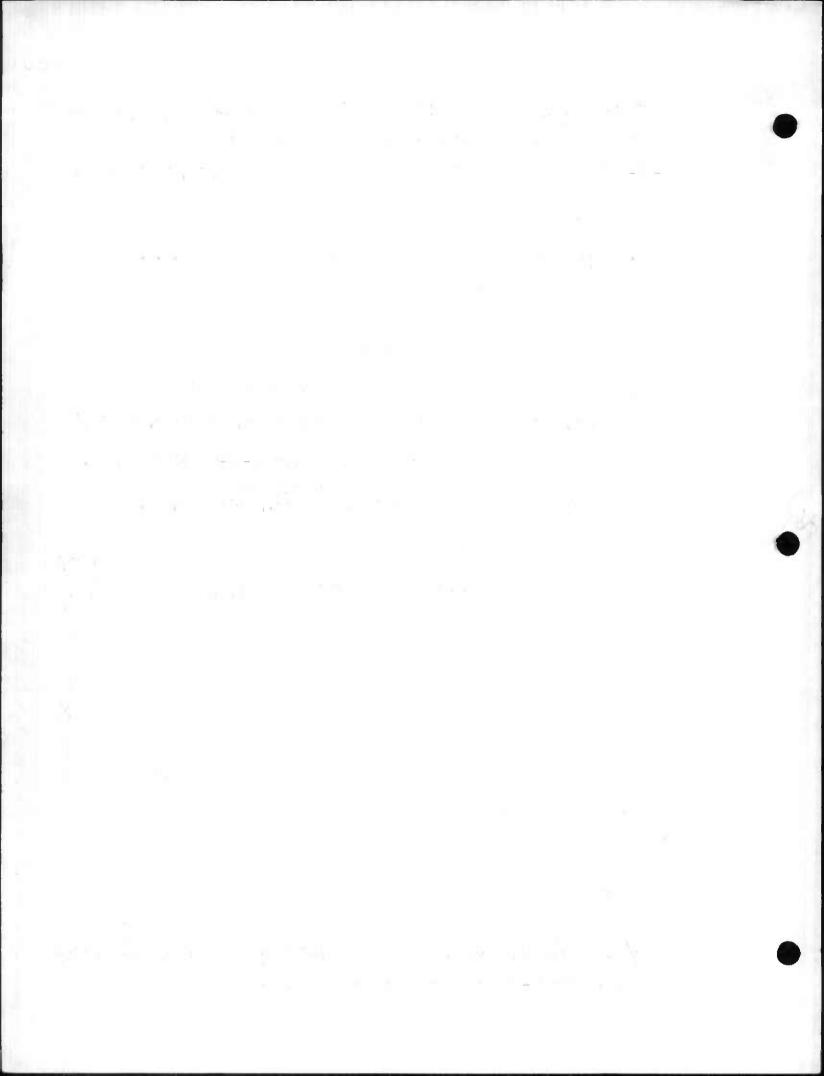
31. Data filad (Month, Day, Yaer) FEB 2 5 1997

30. Nama and address of person

Drew +



no completed cause of deep (Itam 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene

97 05459

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29c. License number

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29d. Dete signed (Month, Day, Year)

State

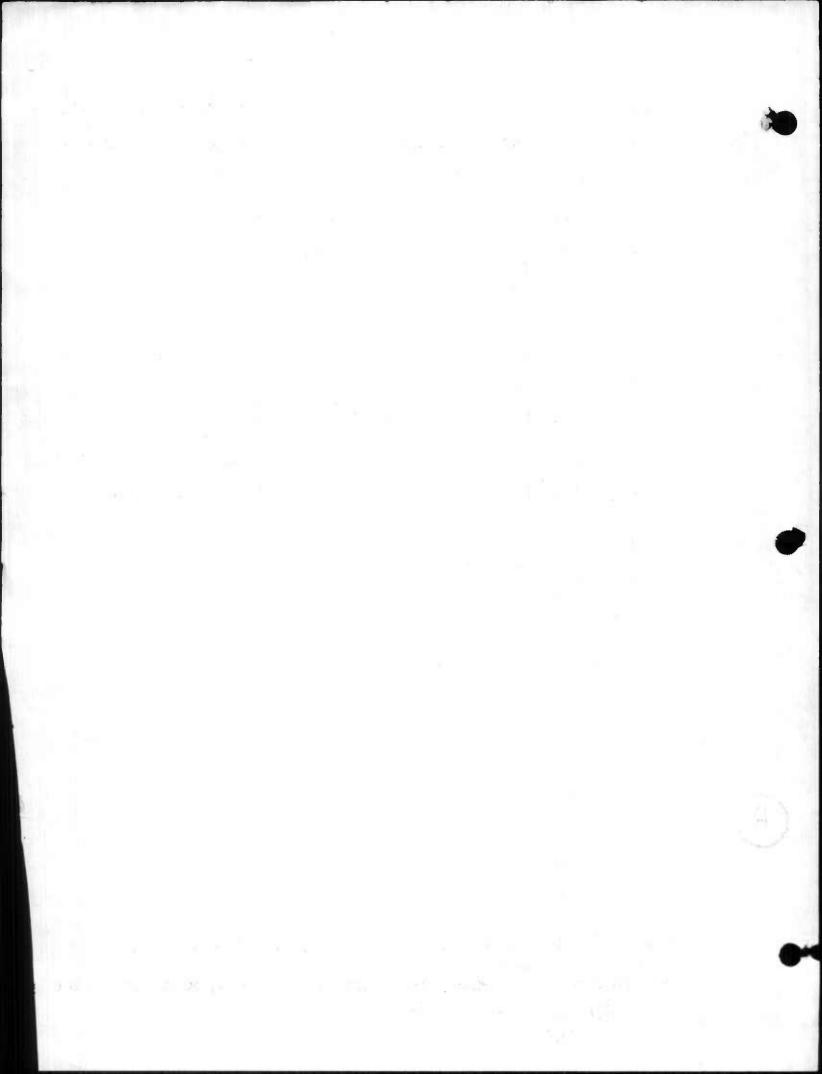
Registrar

31. Dete filed (Month, Day, Year) FEB 2 6 1997

29b. Signeture end title of certifier

JOGINDER P. MEHTA, M.D., 7620 YORK ROAD, TOWSON, MARYLAND

30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 05460 Certificate of Death ITEM: 12,18 perFH G-749 7-3-97 eoh 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month SAMUEL ARTHUR Edward 10.20 PM ZZND 1997 MEB /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Good Samaritan Hospital Baltimore N/A If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign
Country) **Funerai** 10 M 2□ F Months Yrs. 220-09-3907 89 Director March 10, 1907 Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 10d. Inside City Limits 1 X Yes 2 □ No Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21218 2928 Independence Street United States 12. Was Decedent Ever in U.S. Armed Forces? WW II Race - American indien, Bleck, White, etc. 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) filed within 72 hours after 1 ☐ Never Married 2 ☐ Married 6 altimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: by Specify: White 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b Kind of Business/Industry al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Painter Self Contractor 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be tent of Health and Mental It. If Itam 27 is marked of y or other france. Pages 1 and 2 should be nent of Health and Mental Gerald Daugherty Elsie Stuhmer To 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Barbara Shrader/Daughter 312 Williams Road Glen Burnie, Maryland 21061 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State permit. Pages 1 Department of H Important: If its any injury or ot once. 1 Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specity) Gardens of Faith Cemetery 2/26/97 Rossville, Maryland 21. Signature of Funeral Service Licensee Brian A. Willem 22. Name end Address of Facility Leonard J. Ruck Funeral Home, Inc. Buan auellen 5305 Harford Road Baltimore, Maryland 21214 23a. Part1. Enter the disease, or compilcations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. interval Between Onset and Death **Physician** /Medicai Immediate Cause (Final SEPSIS ZDAYS disease or condition resulting in death) **Examiner** FAILURE Examiner TDAY FSPIRATORY sician and burial-transit requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting In death) Last Due to (or as e consequence of) ding physician is as the buria Box 68760 Physician/Medical Due to (or as a consequence of) P.O. I Part il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown OBSTRUCTIVE PULMONARY Records, þ 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24a. Was an autopsy performed? page 2 AT-1 Yes 2 No 1 Yes 2 No Vita Be 25. Was cese referred to medical examiner? 26. Plece of Death (Check only one) Hospital: 1 ☑Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 28a. Dete of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident investigation 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) or A 4 Homicide To the Hospital of within 24 hours To the Funeral Completely filled 1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifier Medical 2 Madical Examiner: On the basis of examination and/or Investigation, In my opinion, deeth occurred et the time, date and place, and due to the cause(s) and manner stated. (Check only one)

State Registrar

29b. Signature and title of certifier

TRA-NCIS

MEDICAL DOCTOR

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

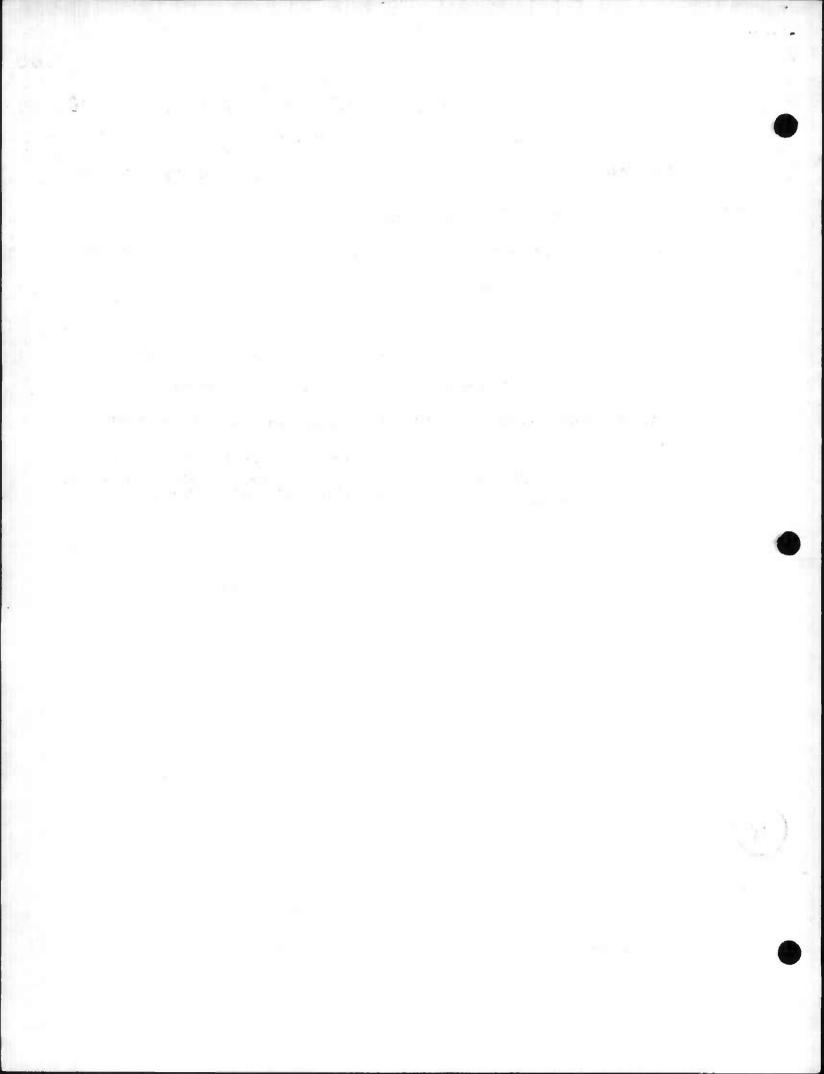
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29c. License number

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29d. Date signed (Month, Dey, Yeer)

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

32. REGISTRAR'S SIGNATURE

-Agnobelle

31. DATE FILED (Month, Dey, Year)
FEB 2 6 1997

		24.			91	05461
		1 - STATE STATE OF MARYLAND / DEPAR REGISTRAR Item: 11, per F.H.G-744 2/26/GERTIFI	MENT OF HEALTH AND I	MENTAL HYGIEN	E	
		1. DECEDENT'S NAME (First, Middle, Last)	CATE OF BEATH TO	2. DATE OF DEATH		3. TIME OF DEATH
- 1		HARRY E. ALLOWAY		02-08	- 97 YEAR	1220 PM
-		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	7. DATE OF BIRTH	8. BIRTH	PLACE (State or Foreign
		214-18-3502 1⊠ м 2 □ F 86 YRS.	MONTHS DAYS HOURS MIN.	Oct. 2, 19	10 Penr	nsylvania
	œ	9a. FACILITY NAME (If not institution, give street and number) Maryland Manor Convalescent Center	9b. CITY, TOWN OR LOCATION OF DE Glen Burnie	EATH	9c. COUNTY OF DE	
- 1	DIRECTOR	RESIDENCE OF DECEDENT	Gien buinte		Anne A	<u> </u>
	RE		, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
		MD Anne Arundel, Pa	sadena			1 TES 2 NO
	FUNERAL	963 Duvall Hwy.	101. ZIP CODE 21122		U.S.A.	
1	ON	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAN	IIC ORIGIN? (Specify Yes		- American Indian,
1	BY F	1 Never Married 2 Married 3 N Widowed 4 Novered FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Maxica 1 YES 2 NO Specify	n, Puarto Rican, etc.)	Black, Specifi	, White, etc.
						White
1	ETE		JSUAL OCCUPATION ork done during most of working retired.)	16b. KIND OF BUS	HINESS/INDUSTRY	
nž.	APL		ors Engineer	Heavy	Equipme	nt
OUC	COMPLETED	17. FATHER'S NAME (First, Middle, Last)		ME (First, Middle, Maiden		
ed at	BE	Daniel M. Alloway		R. Markle		
notifi	2		ADDRESS (Street and Number or Rural F Duvall Hwy.,			22
pe 1		20a METHOD OF DISPOSITION 1			CATION — City or Tow	
mus m		4 Donation 8 Other (Specify)	esbytarian Cem. F	en III	Park, E	
al la		21, SIGNATURE OF FUNERAL SERVICE LICENSEE	J.J. Hartens	CILITY	uaru In	
exa		Springle De Springer	19 S. Main St	Stewart	tstown, P	A 17363
edica		23. PART I. Enter the diseases, or complications that caused the desth. Do no shock, or heart failure. Line only one cause on each line.	ot enter the mode of dying, such	ss cardiac or respir	ratory srrest,	Approximats interval Between
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ent,		disease or condition resulting in death) s. Could on as a consequence of	A Cerous	•		years
other traumatic event, the medical examiner must be notified at once.	z		·			
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or oth		that initiated events resulting in death) LAST				
uny,	CE	G.				
shows any Injury,	SAL	PART II. Other significant conditions contributing to death but not resulting in	the underlying cause given in	Part J. 24a. WAS AN / PERFORI	MED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
WS 3F	MEDICAL	COPD (Chronic Sortmetwe pulmon or	15	1 YES 2		OF DEATH?
Sho		DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES				1 TYES 2 NO
E 23	XA I	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH		لطرة		
or Item	PHYSICIAN:	1 Dee 1 E M	OTHER: 4 Nursing Home 5 - Residence	6 C Other (Specify)		
		27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME (Month, Day, Year)	RY WORK?	28d. DESCRIBE HOW IN	JURY OCCURED	
	BÁ	2 Accident Investigation	M 1 YES 2 NO	201 1 0 0 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
28 s		3 Suicide 8 Could not be detarmined 25s. PLACE OF INJURY — At home, farm, st building, atc. (Specify)	ees, actory, office	281, LOCATION (Street as City or Town, State)	na Number or Rurel R o	oute Number,
E E	J.E	29a. CERTIFIER (Check only	at the time, data and place, and due	to the cause(s) and man	nor se stated	
	COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation				and manner as stated.
	BE C	296. SIGNATURE AND TITLE OF CESTUPIER	29c. LICENSE NUM		29d. DATE SIGNED	Month, Day, Year)
Z Z	0	Milliany MD	D-40	54		7 10,1997
		DR. O CHANES 3350 WILLERY CALL	S AVENUE SU	17E 302		
		CAT.T	MORE, MD 2	1229		

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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B S YEARS HOMEMAKER 15. Mothers Name (First, Middle, Lats) JOSEPH GODACK 15. Mothers Name (First, Middle, Lats) JOSEPH GODACK 15. Mothers Name (First, Middle, Lats) JOSEPH GODACK 15. Mothers Name (First, Middle, Lats) JOSEPH GODACK 15. Mothers Name (First, Middle, Make or Surmany) MRY MRY MRY MRY MRY MRS. MRS. MRY MRS. MRRY MRY MRS. MRRY MRS. MRRY MRS. MRRY MRS. MRRY MRS. MRRY MRY MRS. MRRY MRS. MRRY MRS. MRRY MRS. MRRY MRRY MRS. MRRY M						. ,	Cei	rtificat	e of	Death			Reg. No.			0101
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19. Mother's Name (First, Middles, Last) OSSEPH GODACK MRY WINNOWN 10. Maining Address: (Seer and Number or Paral Route Namber). Cay or Town, State, Zip Code) MRS. MARY MARTIN 20. Member of Disposition 13. Maining Address: (Seer and Number or Paral Route Namber). Cay or Town, State, Zip Code) MRS. MARY MARTIN 20. Member of Disposition 13. Maining Address: (Seer and Number or Paral Route Namber). Cay or Town, State, Zip Code) MRS. MARY MARTIN 20. Member of Disposition 13. Maining Address: (Seer and Number or Paral Route Namber). Cay or Town, State 20. Paral Code State	2		mple	Elementary/Secondary (0-12)		or 5+)	life. I	DO NOT us	se retire	during mos d)	t of workin	ng .				
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MRS. MARY MARTIN 8035 GREEN LEAF TERR. GLEN BURNIE, MD. 21 20a. Method of Disposition 1. Burnier 2 Comments of Control Process 1. Date 2 Comments of Control Process 1. Date 2 Comments of Control Process 1. Date 2 Comments of Control Process 1. Survival Representative of Control Process 1. Survival	an	lental ked c	m	JOSEPH GODACK												
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Description of cause of death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contribute to the cause of death part is greatly and the part is of the part in the underlying cause given in Part I. Part II. Other significant conditions contribute to the cause of death part is greatly and the part is greatly and t	Ω	physic	dica	that initiated events	0.1				-					1		
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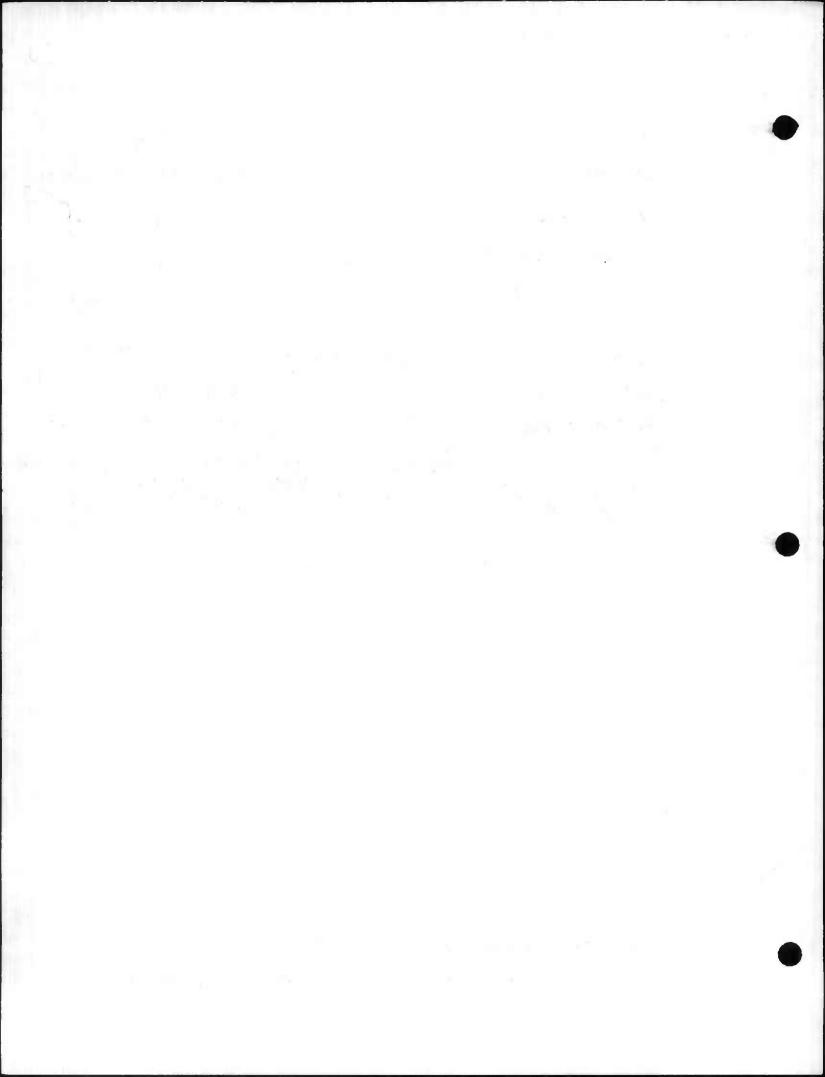
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		1. Decedent's Name (First, Middle, I	Last)				2. Date of Deal	-		3. Time of Death	
Physic		DENNIS	ATKINS				Month	Day	Yeer	3:56PM	
/Medi Exami		4e. Facility Name (If not institution, g 4339 REISTERS				4b. City, Town, or I BALTIMO		4c. County	of Death	3.30111	
Funerai Director		5. Sociel Security Number 212-40-7194 Usuel Residence of Decedent	Sex 7. Age (i	In yrs. last birthda 13 Yrs.	y) If Under 1 Yea Months Dey		8. Date of Birth (Month, Day F53	Year) 54	9. Birthple Count	ece (State or Foreig ry) LAND	
the Maryland 28a-f show noul ed at	-io	10a. State 10b. County	1/4	Oc. City, Town or	Location IMORE				10d. Inside City		
within 72 hours after death with the Maryland ane. then "natural", or items 23a or 28a-f show the Medical Examiner must be notified at	Funeral Director	10e. Street and Number 4334 R515/6R	stown ROA		10f. Zip Code	215	1	Og. Citizen of V	What Count		
or items 2	Funera	11. Marilel Status 1 Never Married 2 Married	12. Wes Decedent Eve Armed Forces? 1 ☑ Yes 2 ☐ No			Hispanic Origin? (Siban, Mexican, Puert	pecify Yes or No- pecify Yes or No- pecify Yes or No-	Biad	e - America ck, White, e		
ours Frail, c	d by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Dates:		1 ☐ Yes 2 ☐ N			Specify	134	9CK	
ges 1 and 2 should be filed within 72 hours it of Health and Mental Hygiane. If item 27 is marked other than "natural", or other traumatic event, tre Medical Exp	Completed	15. Decedent's (Specify only highest g Elementary/Secondary (0-12)	Education trade completed) Collage (1-4or 5+)	16a. Dec (Gin life	edant's Usual Occ ve kind of work don DO NOT use retii	Isual Occupation work done during most of working T use retired) Pruction Building					
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should be find Mental Financial or marked or umatic even	To Be	GEORGE A	TKINS			GEORG	e (First, Middle, M	ATI	KING	2	
s 1 and 2 short if Haalth and Item 27 is ma other traum		PATYICIA AT	KINS	40	1 MT.	et and Number or Ru	ral Route Number	City or Town,	State, Zip	20de) 1224	
S & # >		20a. Method of Disposition 1 Burial 2 Cremation 3 4 Donation/) 5 Other (Special Control of the	☐Removal from Stata		position (Nama of rematory or other pi	7 S/A 2	Stylon 1	Durin /	City or Tov	m, Stele n, 116 h	
permit. Par Departmen Important: any Injury once.		21. Signature of Funeral Servica Lic	answer /		22. Naha and Add	PANARCA	FUNDER	Al Hon	18 P	A	
Physician /Medical Examiner	ner	Immediate Causa (Final disease or condition resulting in death)	mplications that caused the yone cause on each line. a. ACQUIRE Du		NODEFICI				4	Interval Between Onset end Death	
icate be executed physician and s the bunat-transit	dical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury that initiated events resulting in deeth) Lest	c	a to (or as a cons							
death certifica e attending ph od for usa as ti	an/Me		d								
ed by the	by Physician/Med	Pert II. Other significant conditions	contributing to death but n	ot resulting In tha	undarlying cause g	iven In Part I.	23b. Did to			the cause of death	
law requires as been sign 2 should be	Completed b						24a. Was an perform	ned?	com	re autopsy findings lable prior to aplation of cause eath?	
n: The lay ficute has or, page 2		25. Wes case referred to medical				00 Bl	1□ Ye	ECTION s %\forall No	10	Yes 2□ No	
raicia a cert direct	o Be	examiner?	Hospitel: 1 ☐ Inpatient	2 ER/Outpati	ent 3 DOA O	ther	th (Check only on ome XIX Reside		er (Specify)		
3	ation: T	27. Manner of Death XXNeturel 5 Pending 2 Accident Investigation	28a. Date of Injury (Month, Day Ye	28b. Time	of 28c. Inj		28d. Describe ho				
1	27. Manner of Death XXNeturel 2 Accident 3 Suicide 4 Homicide 28a. Date of Injury (Month, Day Year) 28b. Time of Injury M 28b. Time of Injury M 28b. Time of Injury M 28b. Time of Injury M 28c. Injury at Work? 1 Yas 2 No 28d. Describe how 28d.								er or Rural	Route Number,	
he Hospit. In 24 hour he Funera pletsky fille	edical	29a. Cartifier (Check only one) 1 Certifying P	hysician: To the bast of m miner: On tha basis of exa and mannar stated	amination and/or I	ith occurred at the invastigation, in my	tima, date and placa, opinion, daath occur	and due to tha ca red at tha tima, da	usa(s) and ma ita and place,	nner as sta and dua to t	ted. the causa(s)	
To the within To the Comp.	M	29b. Signature and title of certifier	In Wright A	10		.C.M.E	29	FEB.			
111		30. Name and eddress of person who Donald G. Wri	complated cause of death	n (Item 23a) (Type	nn Stre	et, Balt	imore,	Maryl	and	21201	

State Registrar

31. Date filad (Month, Day, Yaar)

FEB 26 1997

32. Registrar's Signatura
Julia Javidson-Randalle



State of Maryland / Department of Health and Mental Hygiene

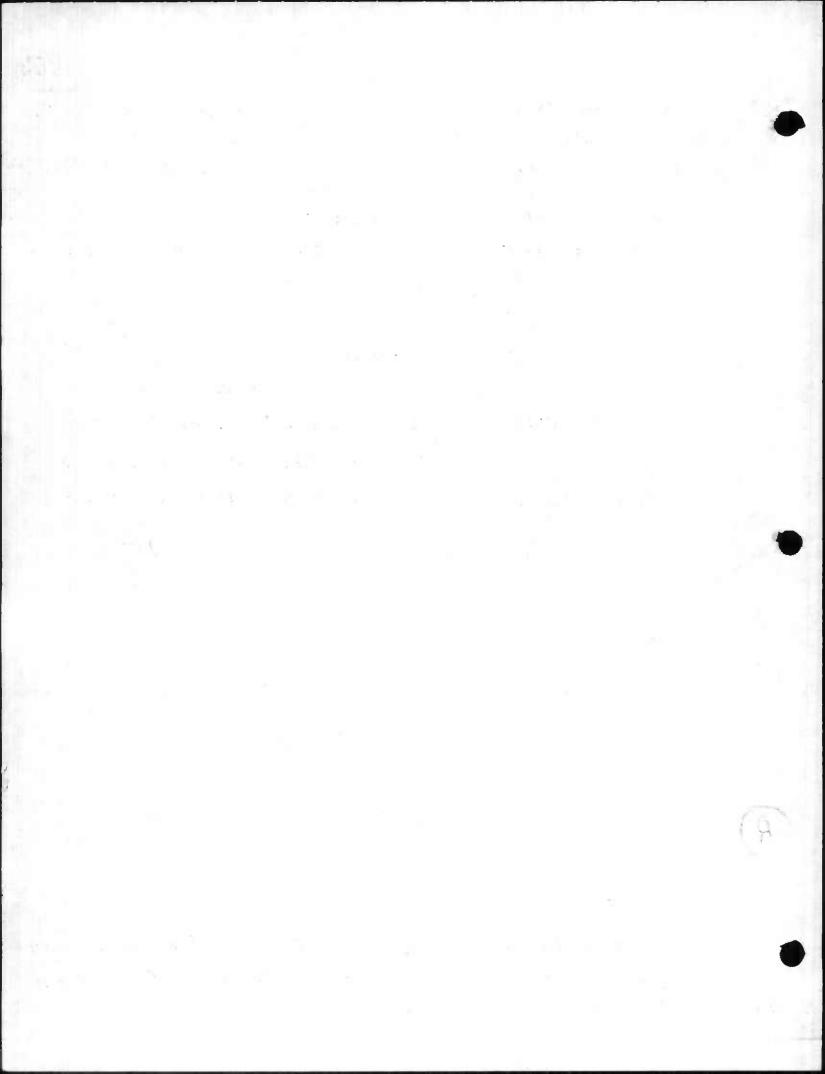
05464 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Deta of Daath 3. Tima of Death Day **Physician** Year Lelia Virginia Burley February 24,1997 /Medical 1:20pm 4a. Facility Name (If not Institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner KESWICK NURSING CENTER BALTIMORE 5. Social Security Number If Undar 1 Yaar If Undar 24 Hrs.
Months Days Hours Min. 8. Data of Birth (MONG Day 2 gar) 1904 BAY I I MORE, MD 7. Aga (In yrs. last birthday) **Funeral** Days 219-30-7627 1 M X XF 92 Yrs. Director Usual Rasidanca of Dacadant 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at MD XX Yas 2 No Director n/a BALTIMORE 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? ŏ 21211 700 STREET 40 th UNITED STATES itema 23a Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 11 Marital Status 13. Was Decedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, White, atc 1 Navar Marriad 2 Marriad 1 ☐ Yas 2 ☒ Mo if Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 "naturel", or 1 Yas 2 No Specify: BLACK by Specify 3 ₩idowed 4 Divorced Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratirad) 16b. Kind of Business/Industry Peges 1 and 2 should be filed within nent of Health and Menial Hygiene. nnt: If Item 27 is marked other than "Iny or other traumatic event, the Mer. Elemantary/Secondary (0-12) Collaga (1-4or 5+) HOME IN 8 th DOMESTIC 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Surnama) UNK. MARTHA HARMON 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) E. MT. ROYAL AVEN., ARTHUR KAPLAN BALTIMORE, MD 21211 20a. Mathod of Disposition 20b. Place of Disposition (Nama of camatary, cramatory or other place) Data 20c. Location - City or Town, Stata permit. Peges 1 Department of H Important: If Itel any Injury or ott 1 Kurial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Othar (Specify) GLENHAVEN CEMETERY BALTIMORE, MD d Funeral Service Liger 22. Nama and Addrass of Facility WM. C. MARCH FH.-1101 E. NORTH AVE. Part 1. Entar tha disaasa, or complications that caused tha daath. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. **Physician** Outeriss cleratic conditions 3 days Outeriss cleratic conditions culture disease interess /Medical Immediate Cause (Finel disaasa or condition resulting in death) Examiner Physician/Medical Examiner The law requires that the death certificate be executed ettending physician end for use as the buriel-tran Saquentielly list conditions, if any, laading to immadiata causa. Entar Undarfying Causa (Diseasa or Injury that initiated avants rasulting in daath) Last P.O. Box 68760, Dua to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? been signed by the should be detach 1 Yes 2 No 3 Probably 4 Unknown Records. by Completed 24b. Wara autopsy findings availabla prior to complation of causa of death? 24a. Was an autopsy performed? page 2 1 Yas 200 No 1 Yas 2 No /ital Be 25. Wes casa referred to medical 26. Pleca of Deeth (Check only one) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No Certification: To 27. Mennar of Death 28c. Injury at / 28b. Time of 28d. Dascribe how injury occurred 5 Pending invastigation 1 DNaturel 1 Yas 2 No 2 Accidant 6 Could not ba 3 Suicida 28a. Place of Injury - At homa, farm, street, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 ☐ Homicida To the Hospital o within 24 hours of To the Funeral Di completely filled is Medical 29a, Certifian Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es stated.

2 Madical Examiner: On the best of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted. 29b. Signatura and titla of certifiar 29c. Licansa number 29b. Signatura and title of certifier

M. Istabelle Mus Gregor 43 D13657 Lethrough 4,1997

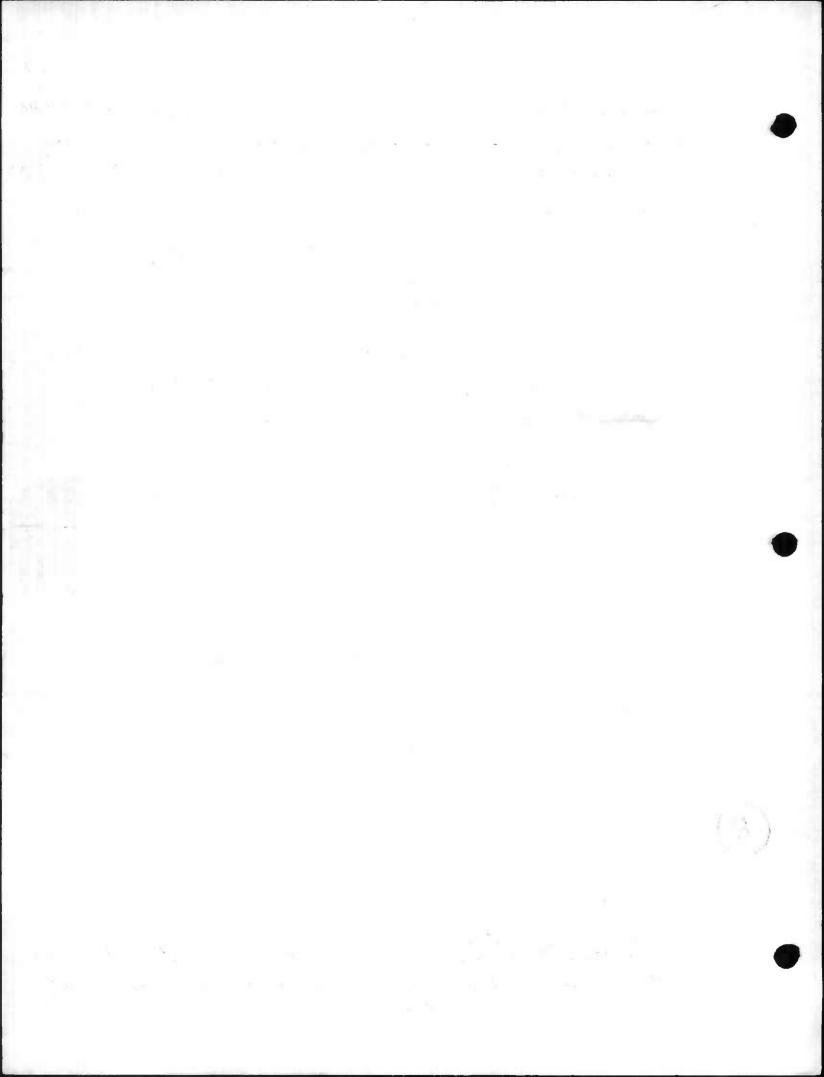
30. Name and addrass of person who completed cause of daath (Item 23e) (Type, Print)

N. ISABELLE MACGREGOR, KESWICK, 700 W. 40 HST, BALTMORE, M.) & 1211 29d. Data signed (Month, Day, Year) 0 9 . 32. Registrar's Signature State Registra



State of Maryland / Department of Health and Mental Hygiene

					Certificate of	Death	Re	eg. No.	11 0	3463	
			Decedent's Name (First, Middle, Last)				2. Date of Deat	h		3. Time of Death	
	Physic /Medi		Preston Ban	nes Ir.		4	Month Februar	122	1997 1	1:40 ym	
>	Exami		4a. Facility Neme (If not Institution, give			4b. City, Town, or Loc					
			Veterans Med	1. Ctr Ba	1 timore	Baltima	ore	Bal	Amre	City	
Г	Funeral		5. Sociel Security Number 6. Sex	7. Age (In yrs. I	lest birthday) If Under 1 Year Months Devs	If Under 24 Hrs. Hours Min.	8. Dete of Birth Manth, Day,		9. Birthplace	(State or Foreign	
	Director			N 2□F 52	Yrs.	Trours IVIIII.	OCT. T	,1944	8°A'ntry	IMORE,	
21215-0020	p .	Funeral Director	Usual Residence of Decedent 10e. State 10b. County	100 Cth	, Town or Location						
	aho		MD n/a		BALTIMORE					nside City Limits	
	the N		10e, Street and Number		101 7in Code		4	0- 04			
	23a or		1933 E. 30	th STREET	10f. Zip Code 212	18		NITED	What Country?	ES	
	r dea			12. Was Decedent Ever In U.S Amed Forces?	If Vac enocify Cub	Hispanic Origin? (Specien, Mexican, Puerto R	ify Yes or No-		ce - American Inck, White, etc.	idlen,	
	be filed within 72 hours after death with the Maryland lal Hygiene. I other than "natural", or items 23a or 28a-f ahow event, tra Medical Examiner must be notified at	by	1 □ Never Merried 2 ☑ Married 3 □ Widowed 4 □ Divorced		0 - 67 "195, specify cost 0 - 67 "195, specify cost 0 - 69 1 Yes 2 NX	Specify:		Specify		CK	
	72 h	Completed	15. Decedent's Educ (Specify only highest grade	cation completed)	16a. Decedent's Usual Occup (Give kind of work done life. DO NOT use retire	petion during most of working	a	16b. Kind of Bu	usiness/Industry	y	
	ithin	idu	Elementary/Secondery (0-12)	College (1-4or 5+)		d)		OVERL		TEDC	
	hor th		11 th	- Control of the Cont	CATEROR			OVERLE		TERS	
Baltimore, Maryland	2 should be filed with and Mental Hygiene. Is marked other than aumatic event, the N	To Be	17. Father's Name (First, Middle, Last) PRESTON BAR	RNES SR.		VERNICI		TUNE	10)		
	of Health of Health fitam 27 or other tr		19a. Informant's Neme/Reletionship (Ty,	pe, Print) RNES	19b. Mailing Address (Street 1933 E. 3	and Number or Rural Oth STRI	Route Number, EET, B	City or Town, ALTIM(State, Zip Code DRE, M	D .	
			20a. Method of Disposition X□XBurial 2 □ Cremation 3 □R 4 □ Donation 5 □ Other (Specify)	emovel from State	lace of Disposition (Name of smetery, crematory or other ple	ce) EST VA CI	200		GS MIL		
alti	그는무슨		21. Signature of Funeral Service License		22. Neme and Addre		27-				
Ö	Depariment of the part of the		Malpin	N Kdes	WM. C. M	ARCH FH.	-1101	F. NOI	RTH A	VE.	
	_		23 Fart1. Enter the disease, or compli- shock, or heart failure. List only on	cations that caused the death							
-	Physician /Medical		snock, or neert failure. List only on	e ceuse on eech line.					Ons	oroximate oryal Retween sel and Death	
A			Immediate Cause (Final	Oras and	C. Line	Mont					
	Examiner		Immediate Cause (Final disease or condition resulting in death) Presumed Condition Curent Due to (or as a consequence of):								
	2 5	ner		Sens	£ C				2	days	
	nd	Examiner	Sequentially list conditions,	Due to (or	as a consequence of):					-days -4 mos.	
0	icate be executed physician and s the burial-transit									-4 mas.	
68760,	certificate be executed nding physician and use as the burial-transit	edical								111.051	
Box 6	oding se a	2									
	that the death ed by the atter detached for u	by Physician/	Part II. Other significant conditions con	tributing to death but not resu	liting in the underlying cause given	ven in Part I.	23b. Dld to	bacco use co	ntributs to the	cause of death?	
Vital Records, P.O.	hat the de ed by the detached		Per sheer V	ascular To	Dispus		1 🗆 Y	98 2□ No	3 Probably	45 Unknow	
	\$ 5.5		100114-004	0.300000	- I self se		/ / / / / / / / / / / / / / / / / / / /		T		
	The law requires ale has been sign page 2 should be	etec					24a. Was a	n autopsy ned?	avaliable	utopsy findings le prior to tion of cause	
		o Be Completed							of death		
	ficate h		OF Management and the second s					s 2 DrNo	1 🗆 Yes	s 2 No	
	-		25. Was case referred to medical examiner? 1 Yes 2 No	ospital:	Ott	26. Plece of Death					
d	(CA !		27. Manner of Death		ER/Outpatient 3 DOA 28b. Time of linjury 28c. Injury Wo	4 LI Nursing Hom	e 5 ∐ Reside 8d. Describe ho		_		
Division	N. E.	Certification:	1 Natural 5 Pending Investigation	(Month, Day Year)		rk? Yes 2 □ No					
	7 to 0	Hice	3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office 28f. Location (Street and Number or Rural Route Number)								
	of in Direct	ert	4 Homicide	building, etc. (Specify,)		City or Town	, State)			
	To the Hospital within 24 hours a To the Funeral I completely med	edical (29a. Certifier (Check only one) 1 Certifying Phys	er: On the besis of examinet	viedge, death occurred at the tillion end/or investigation, in my o	me, dete and place, ar opinion, death occurred	nd due to the ca	use(s) and me ate and place,	anner as stated	cause(s)	
	ithin ;	Med	29b. Signature and title of certifier	and manner stated.	29c. Licens	se number	20	9d. Date signe	d (Month, Day,	Year)	
	F X F S		1000	111			2	11	~ ^ ^	100-	
	IXI		cece no	- Jeden	POC	1181		felm	podd,	1997	
	N'		30. Name and address of person who co	npieted cause of death (Item	23a) (Type, Print)	e St. B	4	4-25	0	0.01	
	- CA	to	31. Dete filed (Month, Day, Year)	P a 32 Pegistrar's Seman		e >T. D	a viun	e, m	0 1	101	
	Sta Registi		FEB 2 6 1997	32 Registrar's Stepat	Jacob .						



05466 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Annie Ballard 7:15P 18 February 1997 /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Villa St. Michael nursing and Rehab Center H Under 24 Hrs. 8. Date of Birth (Month, Day, Year)

JUNE 15, 1918 BALTIMORE if Under 1 Yeer Months Days 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 200/F 217-24-7805 Director SOUTH CAROLINA Usual Residence of Decedent 10a. Stete 10c. City, Town or Location show 10d. Inside City Limits the Medical Exerciner must be notified at Director Yes 2□No MARYLAND BALTIMORE or 28a-f 10e. Street and Number 10g. Citizen of What Country? STREET 238 90 HANOVER 21230 SOUTH Funeral USA. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Was Decedent Ever in U,S. Armed Forces? 14. Rece - American indian, Black, White, etc. 11. Marital Stetus filed within 72 hours after 1 ☐ Yes 2 🕱 No If Yes, Give Yeer or Dates: 1 Never Merried 2 Merried Saltimore, Maryland 21215-0020 6 1 ☐ Yes 2 No by Specify: Specify: BLACK 3 Widowed 4 Divorced 'natural', Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Hygiene. Elamantary/Secondary (0-12) Collaga (1-4or 5+) HOMEMAKER UNKNOWN HOME OWN other treumstic event. permit. Peges 1 and 2 should be filk Department of Health and Mental Hy Important: If Item 27 is marked oth any Injury or other treumatic event 9008. 17. Fether's Nema (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be ALBERTUS HILTO 2 HOEBE LEMMON 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) ce of Disposition (AMBLE WOOD RD. APTD. BALTIHORE, HD. 21239) MAXINE BALLARD WELLS (DAUGHTER) 20a. Method of Disposition

1 A Burial 2 Cremation 3 Removal from State 20b. Place of Disposition (Name of cemetery, crematory or other place) 2-25-97 WOODLAWN, MARYLAND 4 ☐ Donation ✓ ☐ Other (Specify) KING PARK CEMETERY 22. Name and Address of Fecility H. BROWN JR. FUNERAL HOME, P. A. Path Enter the disease, or complications that caused the daath. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. FULTON AVE., BALTIHORE, MD. 21217 **Physician** Brain tumos Immediate Cause (Final disease or condition resulting in daath) /Medical >60403/12 Examiner Due to (or as a consequence of) Physician/Medical Examiner The law requires that the death certificate be assouted Sequentially list conditions, if any, leading to immadiate cause. Enter Undarlying Ceuse (Disease or injury that initiated events resulting in death) Last Due to (or as e consequenca of): Box 68760. Due to (or es e consequença of) Division of Vital Records, P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Completed by 8 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 1 🗆 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner?

1 Yes 2 700 Be 26. Placa of Death (Check only one) Hospital: Othar: 4 Andrsing Home 5 Residenca 6 Other (Specify) P 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Data of Injury 27. Manner of Death Injury at Work? 28d. Describe how injury occurred Certification: : After t Attending 5 Pending investigation death. 1 ☐ Yes 2 ☐ No To the Hospital or Attendit within 24 hours efter death. To the Funeral Director: A 2 Accident the 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Piaca of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicida 12 Cartifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated.
2 Medicat Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiar Medicai (Check only one) 29d. Date signed (Month, Day, Year)

State Registrar

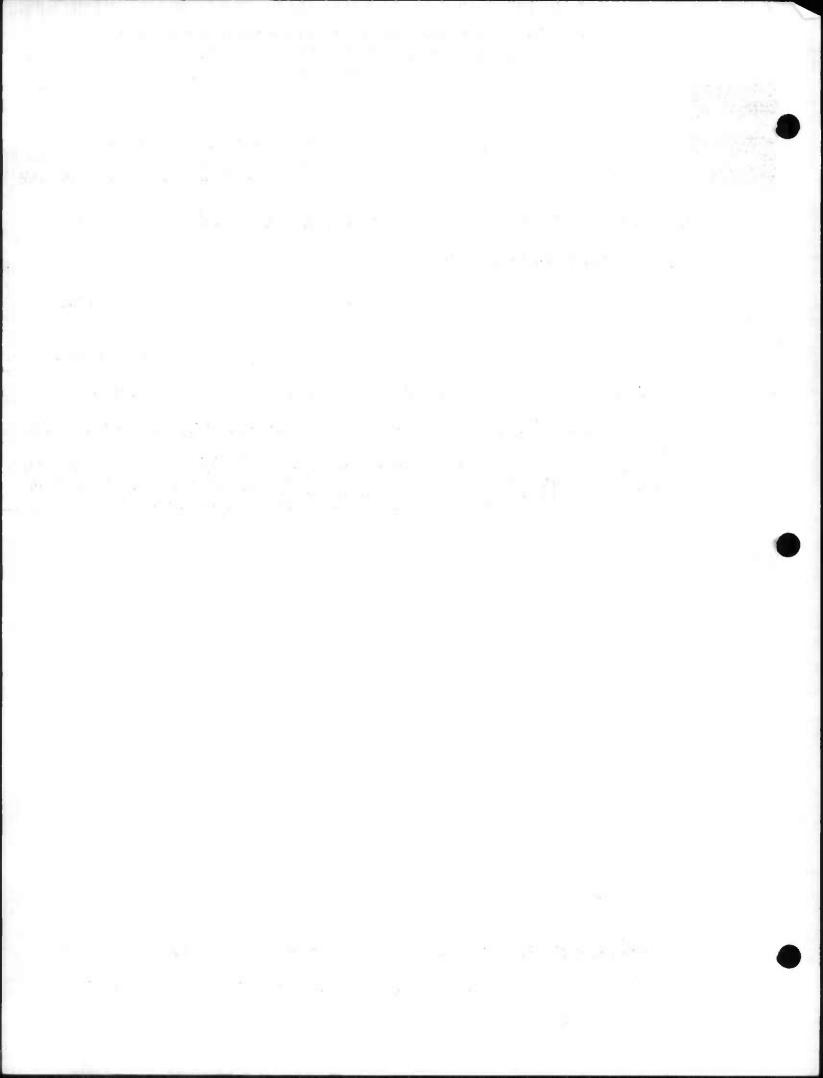
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31. Date filed (Month, Day, Year) FEB 26 1997

rank Heights Are 21208 MD 72 32. Registrar's Signature relia Savidson

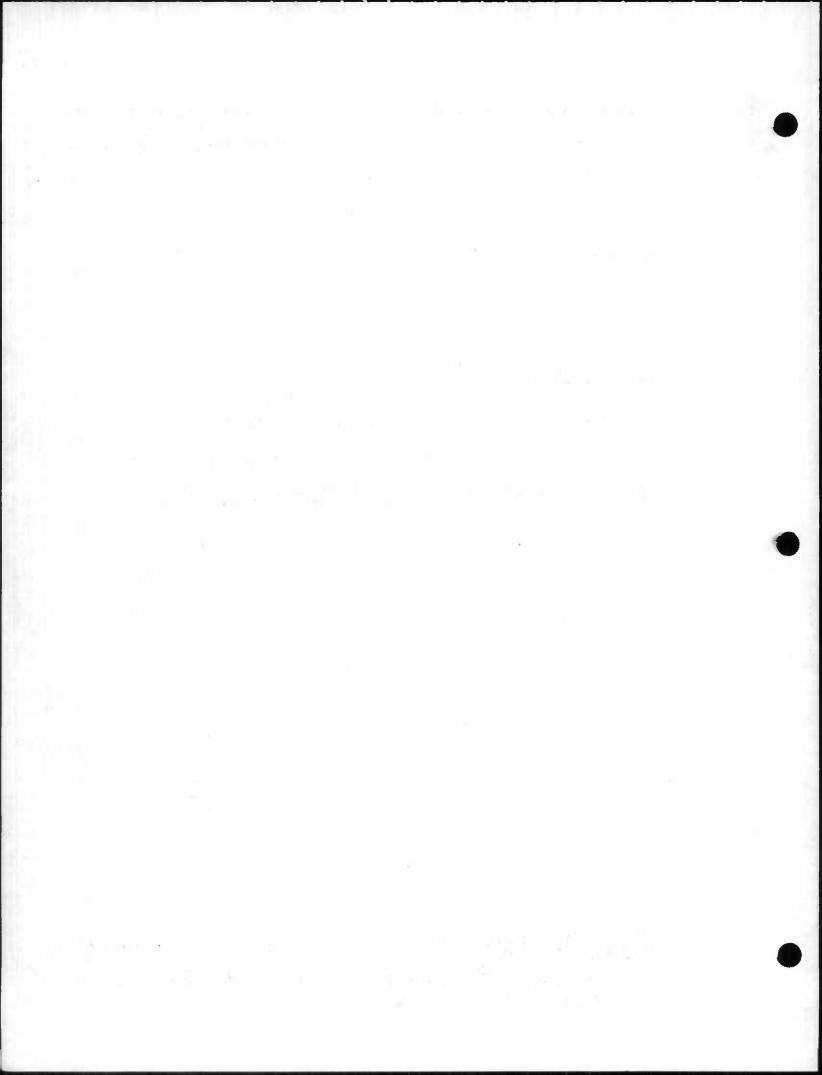
30. Neme and addrass of parson who complated cause of death (Itam 23a) (Type, Print)

BUB



State of Maryland / Department of Health and Mental Hygiene

05467 Certificate of Death 1. Decedent's Name (First Middle Last) 2. Dete of Deeth 3 Time of Death **Physiclan** ebecca FERRUM 22 Ynn /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 9635 Baran Place Baltimore Baltimore If Under 24 Hrs. 5. Sociel Security Number If Under 1 Year 8. Dete of Birth (Month, Day, Year) 12/12/96 7. Age (in yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** Months 2 Deys 10 Min. Hours 1 ☐ M 2 🎖 F 212-49-9672 Yrs N/A Director MD Usuel Residence of Decedent the Maryland 10b. County Baltimore 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be liled within 72 hours efter deeth with the Marylai Department of Health and Mental Hygiens. Important: If them 27 is marked other than "insturet; or items 23a or 28a-f show any injury or other traumatic event, it a Marical Example mail to notified a Baltimore Director 1 ☐ Yes 2 No 10e. Street and Number 10f Zin Code 10g. Citizen of Whet Country? 9635 Baran Place 21237 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 14. Race - American Indien, Bleck, White, etc. Yes, Give Yeer or Detes: 1 Never Merried 2 Married Baitimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No þ Specify: white 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decadent's Education (Specify only highest grade completed) 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 0 N/A 0 N/A 17. Fether's Name (First, Middle, Last)
Timothy L. Besold 18. Mother's Name (First, Middle, Maiden Sumeme) Be Phyllis M. Holden P 19a. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Phyllis Besold/ mother 9635 Baran Place, Baltimore, MD 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Highview Mem. Gardens 2-24-97 Fallston, MD 21. Signatore of Foreral Service Licenses 22. Name end Address of Fecility Cvach/Rosedale_Funeral Home 1211 Chesaco Ave. Baltimore, MD 21237 23a. Pert1. Enter the disease, or complications thet caused the beath. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting In deeth) Respirator Examiner MIN Physician/Medical Examiner The law requires that the deeth certificate be executed the bunial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, attending physician Due to (or es a consequence of): S9 95n Impalance ate hes been signed by the atterpage 2 should be detached for a Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Kalemia Be Completed by 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes an autopsy performed? certificate 1 ☐ Yes 2 No 1 Yes 2 No Attending Physician: director, 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) Other: 4 Nursing Home ٩ 1 Yes 2 No 5 ☐ esidence 6 ☐ Other (Specify) 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Manner of Deeth Dete of Injury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how injury occurred Medical Certification: 28b. Time of After 5 Pending Investigation 1 Neturel death. 1 Yes 2 No spital or Attenditions after death. 2 Accident 3 Suicide 6 ☐ Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 - Homicide To the Hospital o within 24 hours af To the Funeral DI completely filled is 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end plece, end due to the ceuse(s) and manner as steted. 29e. Certifier 2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the ceuse(s) and menner stated. 29b. Signeture end title of cartified 29c. License number 29d. Dete signed (Month, Day, Year) (Item 23e) (Type, Print) Belair Rd Batto., MD 21236 31. Dete file State Registrar



97-979 AM				State of	Marylan	d / Depa	artment of	k. Assure All Health and M		-		5468	
_		Ite	ems: 23 part I,27,28a		per MEO	G-745'E	rtificate o	f Death		g. No.			
Ph	ysicia	n	1. Decedent's Neme (First, Middle, Last)						2. Dete of Death Month Dey Year The Dey Year				
	Medica amine	-	MICHAEL BENKOWSKI 4a. Fecility Neme (If not institution, give street end number)				4b. City, Town, or Le				7:38		
, EX	amme	1	1108 QUANTRIL WAY					BALTIMORE Baltimo					
Fun	eral		5. Social Security Number 6. Sex 7. Age (In yrs. last bit					Under 1 Year if Under 24 Hrs. 8. Date of B					
Dire	_		216-52-3756 Usuel Residence of Decedent	1⊠M 2□F	42 yr:	S . Yrs.	Months Dey	rs Hours Min.	09-17-	54	MD.		
ith with the Marylen 23a or 28a-f show	Wiedat	CTOL	MD Balti				City, Town or Location						
th with th	out be no	al Director					10g. Citizen of What Co						
er dea	Der m	by runeral	11. Maritel Status 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☒ Divorced	12. Was Decedent Ever in U,S. Armed Forces?			Wes Decedent of Hispenic Origin? (Specify Yes or N If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) □ Yes 2 No Specify:			14. Race - American Indian, Black, White, etc. Specify: White			
T 6 .	Medical		15. Decedent's (Specify only highest)	Educetion		(Give	dent's Usuel Occ kind of work dor	ne during most of work	ing 1		usiness/Industr		
	A District	paraidinos	Elementery/Secondary (0-12) 12 YIS.	College (1-4or 5+)		Disabled				None			
De de la la la la la la la la la la la la la	0	מ	17. Fether's Neme (First, Middle, Last) Bernard Benkowski 18. Mother's Neme (First, Middle, Maiden Sumeme) Dolores Algeier										
Baltimore, Mary permit. Peges 1 end 2 sho Department of Health and Important: if item 27 is ma	ury or other traumatic		19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19c. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19c. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19c. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19c. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19c. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19c. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19c. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19c. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)								State		
Ball permit Depart Import	any in		22. Name end Address of Fecility Caccorowski Funeral Home 1201 Dundalk Avenue Baltimore, MD 21222 23e. Pert 1. Enter the disease, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate										
Physic /Med Exami	icai		Immediate Cause (Final disease or condition resulting in death) NARCOTIC, COCAINE AND ALCOHOL INTOXICATION									vel Between et and Deeth	
2	in in	Due to (or es a consequence of): Due to (or es a consequence of):											
60, be executed ician and	5 -	- 1	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury	Due to (or es e consequence of):									
Box 6876 sath certificate be ettending physicia	use as the		thet initieted events resulting in deeth) Lest	Due to (or es e consequence of):									
, P.O. that the de hed by the	detached for use as the by Dhyelolan Medica		Pert ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of the ca										
0 8 8	2 should								24e. Wes en		availeble	utopsy findings e prior to ion of ceuse ?	
= F 8	r. page					_			1 Yes	2 □ No	19 Yes	2 No	
	Rector.	3	25. Wes case referred to medical examiner? Hospitel: Cother:					n (Check only one	ck only one)				
6 6 7	B P	:	1 ☐ Yes 2 ☐ No Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Hor					ome XX Residence 6 □Other (Specify)					

To the Hospital within 24 hours To the Funeral completaly filled

Certification: To 1 Naturel 2 Accident 3 ☐ Suicide 4 ☐ Homicide 29a. Certifier (Check only one) Medical

295. Signature and title of certifier-

31. Dete flied (MORY), 2 16 1997

27. Menner of Deeth

28e. Dete of injury (Month, Dey Year) 5 ☐ Pending investigation found 2/22/97 6XX Could not be determined

foundary 7:30 home

28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28b. Time of

P

1 ☐ Yes 2√√ No

OCME

28d. Describe how injury occurred

unknown

281. Location (Street end Number or Rurel Route Number, City or Town, State) 1108 Quantril Way

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the ceuse(s) end manner as stated.

2 Medical Exeminer: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end manner steled. 29c. License number 29d. Dete signed (Month, Dey, Yeer)

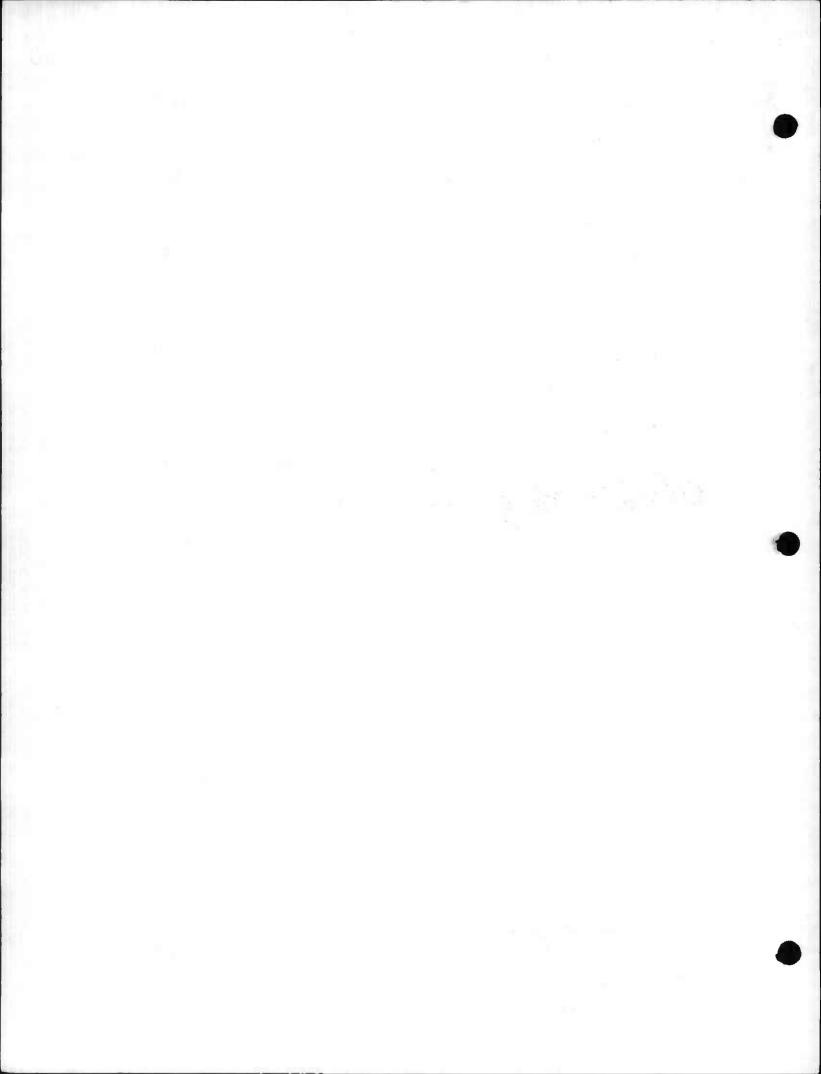
30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

FEBRUARY 23, 1997

State Registrar

Fowler 320 Registrar's Signature
Husia Navidson-Randelle

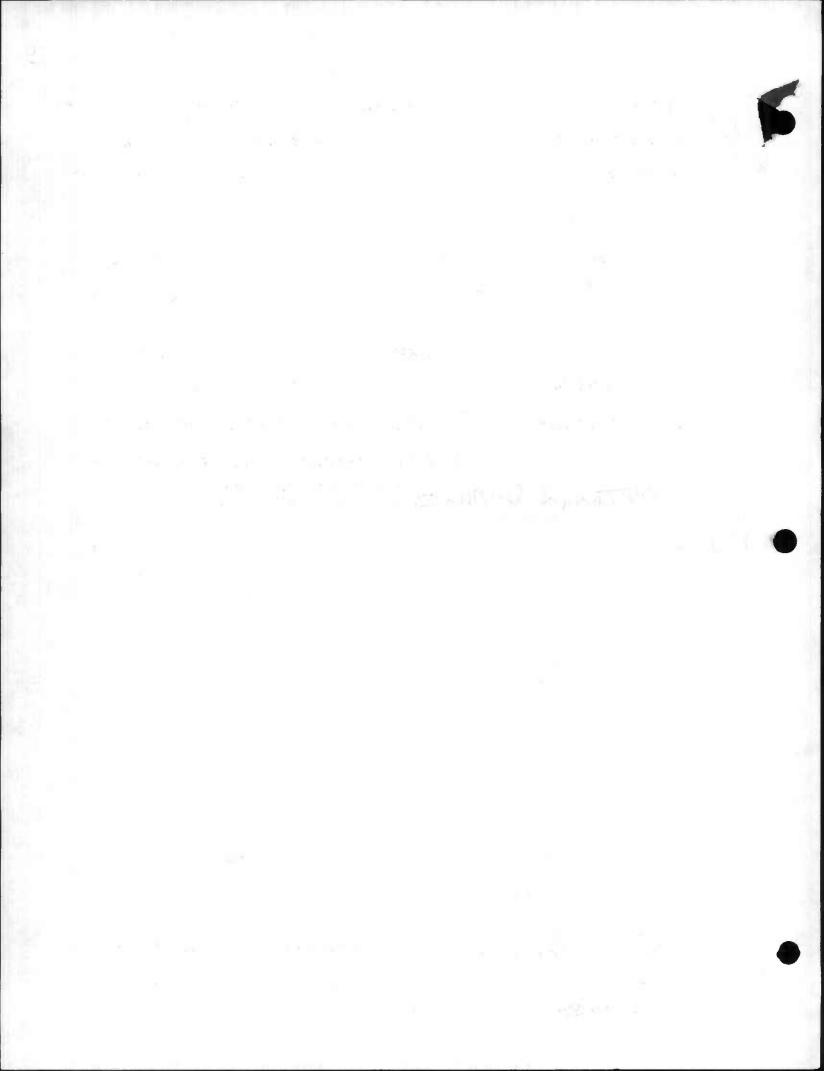


State of Maryland / Department of Health and Mental Hygiene 97

05469

					Cei	tificate o	of Death		Reg. No.	21	00403
eri Gu		1. Decedent's Name (First, Middle,	Last)					2. Dete of I	Deeth		3. Tima of Death
Physicia		WALTER	F.		ВОТ	ELER		FEBRUA	RY 22, 1	997	9:30PM
/Medica		4e. Facility Neme (If not institution,)			4b. City, Town,	or Location of De		y of Deeth	7.50111
LAGIIIII	21	ST. AGNES HOSPIT	'AT.				BALTIMO	RE	1 1 1 1 1 1 1	I/A	
Funerai			6. Sex 7. A	ga (In yrs. la	ast birthdey)	If Undar 1 Y	ear If Under 24 I	Hrs. 8. Dete of I		9. Birthr	olece (Steta or Foreign
Director		213-28-6189 Usuei Rasidence of Decedent	1⊠M 2□ F	65	Yrs.	Months Da	ys Hours A	Alin. (Month, AUGUS'	Dey, Year) 17, 193	Cour	ntrv)
M M		10e. Stete 10b. County		10c. City	, Town or Lo	cation				1	IOd. Inside City Limits
llerns 23e or 28e-f show ner, must be notified at	Director	MARYLAND N/	A	BALT	IMORE						XXYes 2□No
bed !	ä	10e. Street and Number				10f. Zip Coo	le		10g. Citizen of	Whet Cour	ntry?
s 23e	2	1911 W. LOMBARD				212			UNITED		
herns ner.mx	Funeral	11. Mantel Status	12. Was Decedent Armed Forces	?	5. 13. V	Ves Decedant Yas, specify (of Hispanic Origin? Cuben, Mexican, Po	(Specify Yes or I uerto Rican, etc.)	No- 14. Ra Bie	ce - Americ ock, White,	ean Indien, etc.
xami	by	1 Naver Married 2 Marrie 3 Widowed 4 Divorced	d 1 ☐ Yes 2 ☑ If Yes, Give Year or Detes:	No	1	☐ Yes 2🏋	No Specify:		Speci	v: WHI	TE
To the	peted	15. Decedant's (Specify only highest			(Give	ent's Usuel Ockind of work do	ne dunna most of	working	16b. Kind of E	Business/In	dustry
111	E D	Elementery/Secondery (0-12)	College (1-4or		PRESSM		mea)		NEWSPA	DED	
	9	17. Fether's Neme (First, Middle, L.	est)		I ILLOUI	M114	18. Mother's	Neme (First, Mida			
*	0 8	HOWARD G. BOTELE	R					M. LUSI			
1		19e. Informent's Neme/Reletionshi			19b. Meilin	a Address (Str	eat and Number of			Stata Zir	Code)
Tal.	Н	VIOLA BOTELER/W									
46		20a. Method of Disposition	LPE		ace of Dispos	sition (Neme o		Dete	20c. Location		
7 04		1X Burial 2 ☐ Cremetion 3 4 ☐ Donation 5 ☐ Other (Spe				natory or other		0 /07 /0-	DATEST		
in in		21. Signeture of Funaral Servica Li		LOU.		RK CEM	LTERY dress of Fecility	12/2//9/	BALTIMO	DRE, I	MD
a di		0-1	2 aim	1	LO	UDON P	ARK FUNER				
		23a. Part1. Enter the diseese, or o	omnlications that cause	d the death	Do not ente	20 WILI	KENS AVE.	BALTIMO	ORE, MD	21229	Approximete
ician		shock, or heart feiture. List or	nly one ceuse on aech li	ina.	DO HOL OHIC	or the mode of	dying, soon es can	nec or respiratory	allest,		Intervel Between Onset end Death
dical		Immediete Ceusa (Final	2.1							4	
iner		disaese or condition rasulting in deeth)	e. CA		ARRES						30 min
	<u>a</u>		-		es e consaq	uence of):					2 days
the buriel-transit	Examiner		■ bSE	PSIS						i	
19 19 19 19 19 19 19 19 19 19 19 19 19 1		Sequentielly list conditions, if eny, leading to immadiete cause. Enter Underlying Cause (Diseasa or Injury	O.T.		es a consequ	uenca orj:				1	30 days
100	Ca	flief histored event?	c. GI	BLEE!		unnon off:				- 1	73
D 80 08	Medical	rasulting in deeth) Last		Due to (or t	es a consequ	rance or):				1	
for us	Jany		d								
tached for us	1381	Part II. Other eignificant condition	contributing to deeth b	ut not rasult	ting in the un	darlying cause	given in Pert I.	23b. Di	d tobacco use co	ontribute to	the cause of death?
0		MORBID OBESITY						10	Yee 2□ No	3 Prol	bably Duknow
								24e. We	es an eutopsy		ere eutopsy findings
ge 2 sho	100							pe	rformed?	co	elleble prior to mpletion of cause deeth?
page 2 should								1.5	Yas 20 No		
		25. Wes casa referred to medical					00 Pb - //			1 L]Yes 2□ No
director		exeminer?	Hospitel:		D/O. ttit	aF] pos	Other:	Deeth (Check only			
<u> </u>	- -	27. Menner of Death			R/Outpatient 28b. Time of	3L DOA	4 LI NUISIII	g Homa 5 ☐ Re	e how Injury occu		y)
funer flora	2	XX Naturel 5 Pending 2 Accident Investigat	28a. Date of Inju (Month, De	y Year)	Injury		njury et Work? □ Yas 2 □ No				
in by the	2	3 ☐ Suicide 6 ☐ Could no	ba 200 Diona of Ini	ury - At hom	na farm stra			28f. Location	(Street and Num.	her or Rure	I Route Number
ed in by the funera		4 Homicide	building, ef	c. (Specify)	,,	ou reactory; o			own, Stete)		, , , , , , , , , , , , , , , , , , , ,
filled C		29e. Cartifier 1XXCertifying	Phyeician: To the best	of my knowl	edga, death	occurred at the	tima date end ols	ace and due to th	e couse(s) and m	enner es el	heted
Completely filled in by		(Check only 2 Medical Ex	aminar: On the basis of end menner ste	axaminatio	on end/or inv	estigation, in m	y opinion, daath or	courred at the time	a, date end plece,	end dua to	the ceuse(s)
completely filled	F 1	29b. Signeture end title of certifier	7 /			29c. Lic	ansa number		29d. Date signe	d (Month,	Day, Year)
	-	P C 4	6-1	0		1)4	17484		2/22/	97	
	-	30. Nema and address of parson wh	o complated cause of d	eeth (Itam 2	23a) (Type F		10/		V 1/	, ,	
/	R	ERIC L SHEPARD	ST. Agnes				n ALLE	Baltina	+ MI)		
State			32 Registr	ar's Signetu	re		17100	/			
Registrar		31. Dete filed (Month, Day, Year) FEB 2 6 1997	33 Registr	avidson	-Aandal	2					
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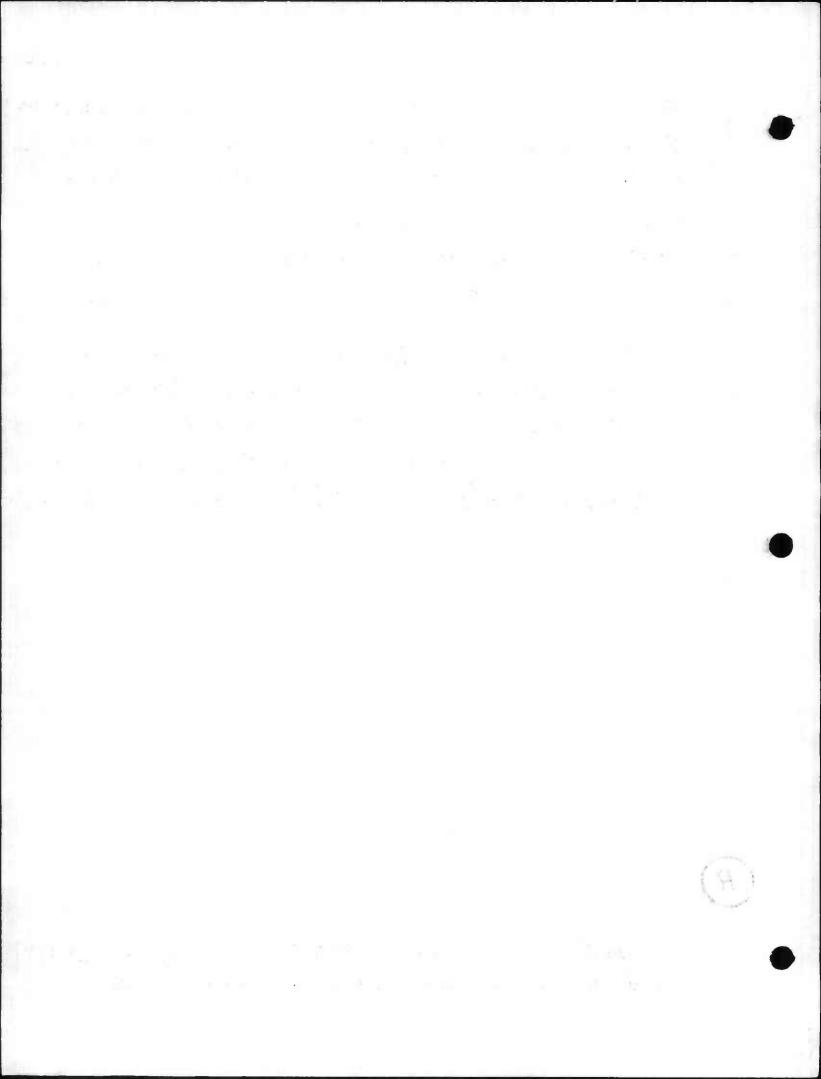
DHMH 16 Rev 6/95



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				•	Certifica	ate of Death		Reg. No.	,	00410
	Physici	an	Decedent's Neme (First, Middle, Last)		00011		2. Dete of D	eeth Dey	Yeer	3. Time of Death
	/Medi		Florence		EPEDA		tEheu	16 Man	1997	11,25 RM
)	Examir	ner	4a. Fecility Neme (If not institution, give s	street and number)	· tion	4b. City, Town, or	Location of Dee	th 4d County	of Death	12/11/10
L			5. Social Security Number 6. Sex	ANDEL H	Last birthdey) If Und	ler 1 Year If Under 24 Hrs	WENTE B. B. Date of B	HNN	C A	RUNISEL
	Funeral Director			M 200 F	Yrs. Month			3,1920	1 Spunt	ryland
	yland		10a. Stete 10b. County	10c. C	ity, Town or Location				10	Od. Inside City Limits
	e Mar	ctor	Maryland Anne 1	Arundel :	Severi	n				1 Yes 2 No
	d within 72 hours efter death with the Maryland plene. I than "naturet", or items 23a or 28=4 show to Maryland the mast be notified at the Maryland to the mast be notified at	ral Director	1724 Gree	nmeado	w Ct.	2/144		10g. Citizen of V	What Count	7
	iner de	Funeral		12. Wes Decedent Ever in U Armed Forces? 1 ☐ Yes 2 M No If Yes, Give	J,S. 13. Wes Dec	cedent of Hispenic Origin? (pecify Cuban, Mexican, Pue	Specify Yes or N rto Rican, etc.)	lo- 14. Rec Bied	e - America ck, White, e	
020	or m	by F	1 Never Merried 2 Married 3 Widowed 4 Divorced	If Yes, Give Year or Dates:	1 ☐ Yes	2 No Specify:		Specify	BL	ICK
21215-0020	2 hou	ted	15. Decedent's Educ	cation	16a. Decedent's U	aual Occupetion	adulta a	16b, Kind of B	usiness/Ind	ustry
21	C .	Completed	(Specify only highest grade Elementary/Secondery (0-12)	Coilege (1-4or 5+)	life. DO NOT	vork done during most of wo use retired)	orking	11		1
	filed within Hygiene. ther than	Con	12	2	Day	care		IVII	$n1 \leq$	ster
Maryland		Be	17. Father's Neme (First, Middle, Last)	Natora	(18. Mother's Ne	me (First, Middl	e, Meiden Surnen	1	0.1-
Z	2 should be and Mental is merked of aumatic even	2	19g. Informant's Name/Relationship (T)y	on Print /1	19b Mailing Addre	ss (Street and Number or R	I an Brusse Num	her City or Town	State Zin	Code
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ore,	- 7 E E		20s. Method of Disposition		Place of Disposition (A		Date /	20c. Location -	000	MTI, State
im	Pag nent int: H		1 Buriel 2 □ Cremetion 3 □ Re 4 □ Donetion 5 □ Other (Specify)	emovel from Stete	Maryland	National	2/27/9	Laur	rel.	Md.
Baltimore,	permit. Pag Department Important: If any Injury o		21. Signature of Funerel Service Ocense	* 4 D.	J22. Name JOSE	end Address of Facility	s Fu	neral	He	me
-			23a. Party. Enter the divises, or complice shorts, or heart felure. List only on	cations that caused the dec	th. Do not enter the m	ode of dying, such as cardie	c or respiratory	e. Ba	10.1	Approximate
4	Physician		shook, or heart fell fre. List only on	e cause on each ilne.						interval Between Onset and Deeth
d	/Medical		Immediate Ceuse (Finel disease or condition	MASSIVE	CEREBRO	VASCULAR	- Acc	WENT		3 days
п	Examiner	_	resulting In deeth)		(or as a consequence of	f):				U
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	rificate be executed ng physician and as the bunal-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter UnderlyIng Cause (Disease or Injury	Due to (or as a consequence of	f):				
68760	sicial buri		that initiated events	Due to (or es e consequenca o	f)·				
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	the at the at	Physician/	Pert II. Other significant conditions conf	tributing to death but not re-	sulting in the underlying	cause given in Pert I.	23b. Did	d tobacco use go	ntribute to	the cause of death?
P.0	res that the deligned by the a		DIAGETES ME	HITHS			10	Yes 28 No	3 Prob	ebly 4 Unknown
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00	w require been si should I	Completed	thy perions] '			per	formed?	eva con	illeble prior to npletion of cause feeth?
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ital		Be C	25. Wes case referred to medical			26. Place of De	eth (Check only			2010
>	\$ 00	To	examiner?	lospitel: 1 Inpatient 2	☐ ER/Outpetient 3☐	Other		sidence 8 Oth	er (Specify)
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Division		cati	2 ☐ Accident investigetion 3 ☐ Suicide 6 ☐ Could not be		М	1 ☐ Yes 2 ☐ No	00/ 1	(0)		
Σ	(D)	E	4 ☐ Homicide determined	28e. Pleca of Injury - At h building, etc. (Speci	nome, ferm, atreet, fect ify)	ory, office	City or To	(Street and Numb own, State)	per or Hurai	Houte Number,
	NI	Pa	29a. Certifler 1 ✓ Certifying Physi	Ician: To the best of my kn	owledge, deeth occurre	ed at the time, dete end piec	e, and due to the	e cause(s) end me	enner as st	ated.
	n 2 n n 2 st	olo		ner: On the basis of examine end manner stated.	etion end/or Investigation	on, in my opinion, deeth occ	urred et the time	, date end pieca,	and due to	the ceuse(s)
	within 2 To the comple	M	29b. Signeture end title of certifier		2	9c. License number		29d. Dete signe	d (Month, E	Dey, Year)
			portin		mD -	D43977		Februo	RU	21,1997
	3		30. Name and address of person who cor	mpleted cause of deeth (ite	m 23a) (Type, Print)	E. GLEN DE	<			
		4.0	31. Date files, (Months Day Xear)	JI DU TOSE	Mira & -	. OTEN OF	4-26	irup, L	1661	
	Sta Registr		FEB Z 6 1997	Jan Davidson	Janacas					



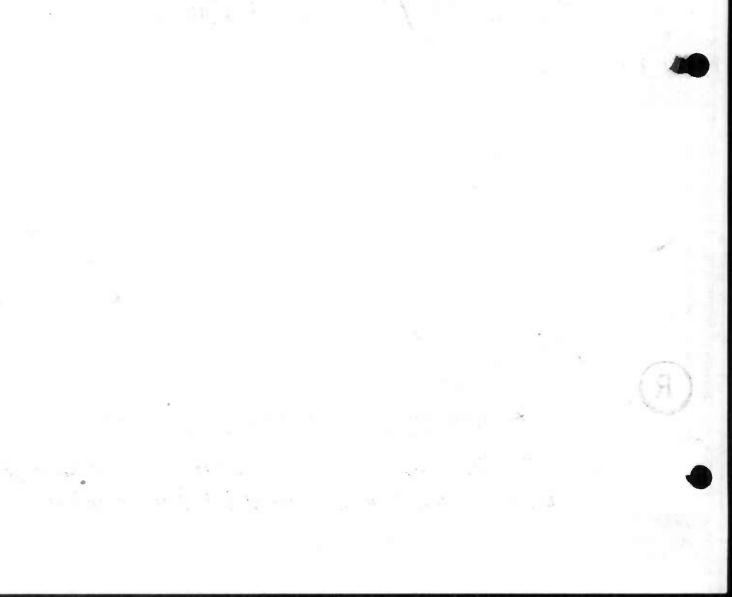
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decadant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death 201 **Physician** Day HUR e benARY 21 1997 /Medical Facility Nema (If not institution, giva straat and number) 4b. City, Town, or, Location of Death 4c. County of Death Examiner 10 Timore Social Sacurity Number 6. Sax. if Under 1 Yaar if Under 24 Hrs. (In yrs. jast birthday) **Funeral** 9. Birthpiace (Stata or Foreign 439-09-0992 Usual Rasidanca of Decadant Months Days Hours Min. 2 F Yrs. Director Louisigna with the Maryland 10a State 10b. Count Town or Location 28a-f show 10d. Inside City Limits traumatic evant, the Medical Examiner must be notified at Maryland Director Yas 2□ No IMORR 10e. Straat and Numbar 10f. Zip Coda 10g. Citizan of What Country? ò 320 or items 23a by Funeral filed within 72 hours efter deeth 12. Was Dacedent Evar in U,S. Armed Forcas? 11. Marifei Stefus 13. Wes Dacedant of Hispenic Origin? (Specify Yas or No If Yas, specify Cuban, Maxican, Puarto Ricen, efc.) 14. Rece - American Indian Biack, Whita, atc. 1 Navar Married 2 Married 1 ☐ Yas 2 No If Yas, Give Yeer or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No 3 Widowad 4 □ Divorced "naturai". Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa_DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grade complated) 16b. Kind of Businass/Industry permit. Pages 1 end 2 should be filed within Department of Health end Mental Hygiene. Important: If item 27 is marked other than ' Elamantary/Secondary (0-12) Collage (1-4or 5+) 10 17. Fathar's Nama (First, Middla, Last) Be 298 2 19a. Informant's Name/Relationship (Type: Print) Son 19b. Mailing Addrass (Street and Number or TO 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cometary, cramatory or other place) 20c. Location - City or Town, Stata 1 ☐ Buriel 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) nmou 21. Signature of Funeral Service Vicenses 22. Nema and Address of Facility 2 W. North Ave 21216 and complications that caused the death. Do not antar the mode of dying, such as cardlac or respiratory arrest. List only one cause on each line. Approximata Intarval Batween Onset and Death Physician Severe /Medicai Immediata Causa (Final disaase or condition resulting in death) Examiner Physician/Medical Examiner The law requires that the deeth certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Causa (Disaese or injury that initiated avants resulting in death) Lest attending physician and for use as the buriel-tran Dua to (or as a consaguance of): of Vital Records, P.O. Box 68760, the Due to (or as a consequanca of): signed by the ai Part II. Other significant conditions confributing to death but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed by page 2 should b 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to complation of causa of death? mellins dia betes certificate 1 ☐ Yes 2 No Physician: 25. Was casa rafarred to medical axaminar? Certification: To Be 26. Placa of Death (Check only ona) 1 Yas 2 No Othar: 4 ☐ Nursing Homa 5 ☐ Rasidanca 6 ☐ Othar (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA this 27. Mannar of Daath

1 Natural

2 Accident 28c. Injury at Work? 28b. Tima of 28d. Dascribe how injury occurred 5 ☐ Panding invastigation 1 🗆 Yas 6 Could not be datarmined 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 3 ☐ Suicida 28a. Piaca of Injury - At homa, farm, sfraat, factory, office building, atc. (Specify) 4 - Homicida edicai Tertifying Physician: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated.

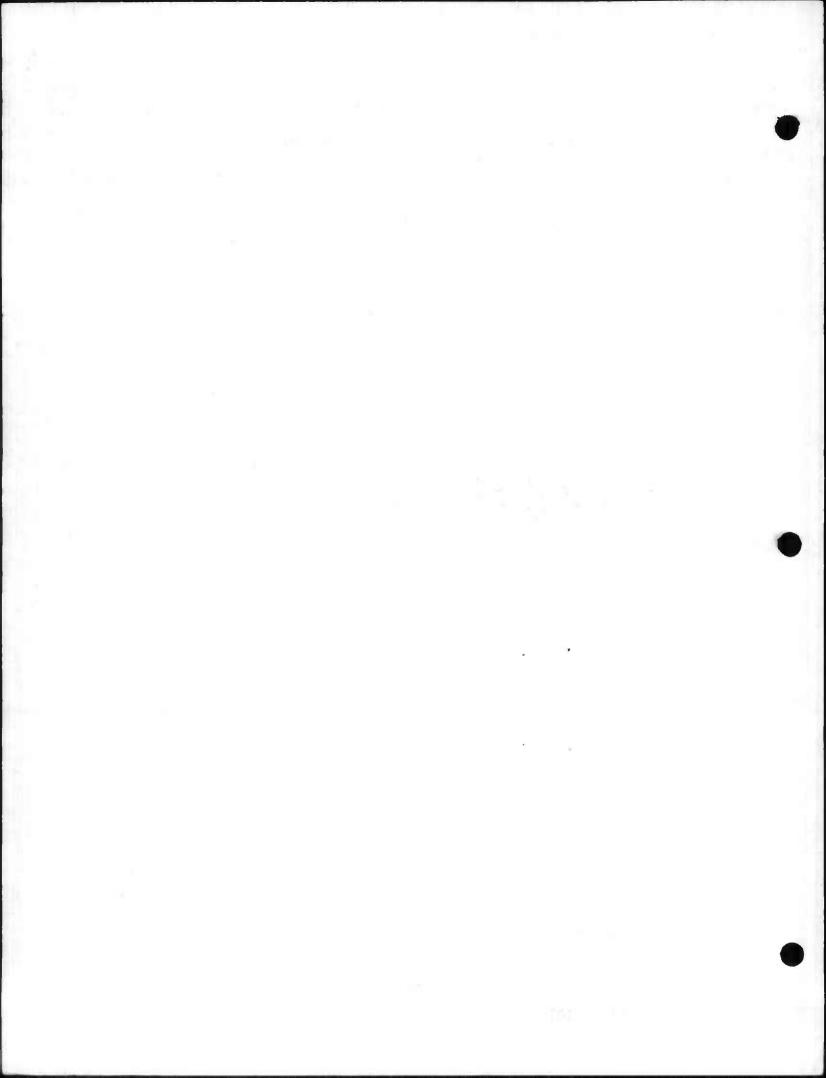
| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and fitta of certifier 29d. Data signed (Month, Day, Year) 29c. License number 30. Nama and address of parson who complated cause of death (Itam 23a) (Type, Print) Nevins oda 31. Data filed (Month, Day, Year) 32. Registrar's Signatura State FEB 2 6 1997

Registrar DHMH 16 Rev 6/95



97-0851-001 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. amend item 28d per me G788 10/3/00 yf tate of Maryland / Department of Health and Mental Hygiene wlc 05472 Items: 23 part I,27,28a-f per MEO G-746 4/3/97 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month Day February 17, 1997 CHARLES CLIFFORD COFIELD, II 1113am /Medical 4a. Facility Nama (If not institution, giva street and numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner C&O STATE PARK off RTE. SPRING 51 GAP ALLEGANY If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth Months Days Hours Min. MARCH 27 Birthplace (Stata or Foreign Country)
 MARY LAND 5. Social Sacurity Number 7. Aga (In yrs. last birthday) **Funeral** 1€ M 2□ F 213-84-5670 23 Yrs. Director Usual Rasidance of Dacedant the Maryland show 10a, Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "naturel", or items 23a or 28a-f shor traumetic event, the Madical Examiner must be notified at 1 Yas 2 No Directo MARYLAND ALLEGANY CUMBERLAND 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? death Funeral 15F JANE FRAZIER VILLAGE U.S.A. 14. Race - Amarican Indian, 21502 12. Was Decedant Evar in U,S Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxicen, Puerto Rican, atc.) permit. Pages 1 end 2 should be filed within 72 hours after of Department of Health and Mentel Hygiene. Important: If flem 27 is marked other than "natural", or fler any Injury or other traumatic event Black, Whita, atc. 1 ☐ Yas ŽIXNo If Yas, Giva Yaar or Datas: 1 ☐ Navar Married 2 ☐ Married Maryland 21215-0020 1 ☐ Yas XX No Specify ģ Specify: BLACK 3 ☐ Widowed 4 ☑ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Sacondary (0-12) Collega (1-4or 5+) 12 CUMBERLAND CITY POLICE POLICE 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Be CHARLES C. COFIELD 10 LIANNE JACKSON 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) LIANNE COFIELD MOTHER 15 JANE FRAZIER VILLAGE CUMBERLAND MARYLAND 21502 Baltimore, 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, crematory or other place) 20c. Location - City or Town, Stata Data 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) DAVIS MEMORIAL CEMETERY FEB 20 1997 CUMBERLAND MARYLAND 21 Signatura of Funarai Sarvice La 22. Nama and Addrass of Facility MERRITT-ADAMS FUNERAL H OME emo 404 DECATUR STREET CUMBERLAND MARYLAND X 23a. Part1. Entar tha disaasa, or complications that ceused tha death. Do not antar tha mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onsat and Death **Physician** /Medical Immediata Causa (Final **GUNSHOT WOUND TO HEAD** disaasa or condition rasulting in daath) Examiner Dua to (or as a consaquance of): Examiner the buriel-transit be axecuted Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Diseasa or Injury that initiated avants rasulting in daath) Last and Dua to (or as a consequence of): Box 68760, physician Physician/Medicai Dua to (or as a consequance of) ettending usa requires thet the death Por P.0. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. by the 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown peudis Records, þ 8 24b. Wara autopsy findings available prior to Completed 24a. Was an autopsy performed? Deen completion of causa of death? The law certificete hes page Yas 2 No 1 Yas 2 No of Vital Physician: Be 25. Was cesa ratarrad to medical 26. Placa of Daath (Check only ona) inar? Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Spacify) SCENE 2 1 XX as 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA this 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred subject shot Certification: After Division or Attending found at 10:30 5 Panding Invastigation 1 Natural aftar death. 2/17/97 1 Yas 2 NNo 2 Accidant Decedent shot himself 6 Could not be datarmined 281. Location (Street and Number or Rural Route Number, City or Town, State) C & O State Park In by 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) within 24 hours aftar d To the Funeral Direct complately filled in by 4 Homicida Automobile Route 51 Spring Gap, Md. the Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceusa(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceusa(s) and manner stated. Medical 29a. Cartifian (Check only one) 29b. Signatura and title of certifier 29d. Data signad (Month, Day, Yaar) 29c. Licansa numbar 17, 1997 O.C.M.E. February 30. Nama and addrass of person who complated cause of death (Itam 23a) (Type, Print) Fowler 10010 111 Penn Street, Baltimore, Maryland 21201 31. Data filad (Month, Day, Yaar) FEB 2 6 1997 State Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 05473 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Deta of Death 3. Time of Death Month Frank Chawlitko 97 5:40 Am 24 4a. Facility Nama (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth Johns Hopkins Bayulow Hospital Baltimore 1A 7. Age (In yrs. last birthdey) If Under 1 Yeer II Under 24 Hrs. 8. Deta of Birth (Month, Day, Year) Yrs. Months Days Hours Min. (Month, Day, Year) 5. Sociel Security Number 6. Sex 9. Birthplace (Stata or Foreign Country) 1⊠M 2□F 3-13-1916 563-20-1541 USA Usuel Residance of Dacedan 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No MD Baltimore 10e. Street end Numbe 10f. Zlp Code 10g. Citizan of What Country? USA 21224 6805 Woodrow Avenue 12. Was Decedant Evar in U,S. Armed Forces? 1 ☆ Yes 2 □ No 八人 Y ✓ If Yas, Giva Yaar or Detes: ₩ ₩ } } 13. Was Decedent of Hispanic Origin? (Specify Yes or No-II Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 □ Never Merried 2 ◯ Married 1 ☐ Yes 2 ☐ No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highast grade completed) Elementary/Secondary (0-12) Collaga (1-4or 5+) Fire Dept.-Balto. City Fire Dept. 8 Years 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Sumama) cHenrietta Ciesla John Czawlytko 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) Mrs. Cecilia M. Chawlitko 6805 Woodrow Avenue Baltimore, MD 21224 20b. Plece of Disposition (Nama of cematery, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Steta 1 DXBurial 2 Cremation 3 Ramovel from Stete 4 ☐ Donation 5 ☐ Othar (Specify) Stanislaus Cemetery Baltimore, MD Storfature of Funerel Service Licensee 22. Nema end Addrass of Fecility Kaczorowski Funeral Home aczrowski 1201 Dundalk Avenue Balto., MD 23a. Part1. Entar tha diseasa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or heart tailure. List only one cause in aech line. 21222 Approximata Interval Batween Onset and Death Immediate Cause (Final Retropertonial sarcoma-metastatic 2445 disaasa or condition rasulting in daath) e Afusion Pleural WKS Due to (or es a consequance ol): LE DUT Dua to (or as e consequance of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 ☐ Unknown 1 Yes 2 No Prostate 24b. Wara autopsy tindings availabla prior to complation ol cause ol death? coronary artery dz 24a. Was an autopsy performed? 2 DINO 1 Yes 2 No 1 Yas 25. Was casa ratarred to medical 26. Place of Deeth (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 6 Other (Specify) Inpatient 2 ER/Outpatient 3 DOA 28c. Injury at Work? 28b. Time of 28d. Dascribe how Injury occurred 1 Natural 2 Accident

Physician /Medical Examiner

burial-transit

physician is the burial

attanding

signed by I

Vital Records, P.O. Box 68760.

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Sion

that the death certificate be

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Physician

/Medical

Examiner

Director

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Completed

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Examiner

Physician/Medical

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Completed

Be

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Certification:

edical

Funeral

Director

7 is marked other than "natural", or itams 23a or 28a-f ahow traumatic event, the Medical Examinat must be notified at

permit. Pegas 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiena. Important: If Item 27 is merked other than "natural", or item any injury or other traumatic avant.

Baltimore, Maryland 21215-0020

with the Maryland

death v

Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Diseasa or injury that initiated avants rasulting in death) Last

1 Yas 2 No 27. Mannar of Death

5 Pending invastigation 6 Could not be

28a. Plece of Injury - At homa, larm, street, lectory, office building, atc. (Specify)

1 ☐ Yas 2 ☐ No

28l. Location (Street and Number or Rural Route Number, City or Town, Stata)

29e, Certifier (Check only one)

3 Suicida

4 Homicide

1 Certifying Physician: To the best of my knowledga, daath occurred at the time, dete end placa, and due to tha cause(s) end manner as steted.
2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated.

29b. Signeture end title of certifier

MD.

29c. License number 96712

21224

mo

29d. Data signed (Month, Day, Year) 24

30. Nama and addless of person who completed causa ot death (Item 23a) (Type, Print) 4990 Ave Eastern Baltimore

31. Data tiled (Month, Day, Year)

FEB 26 1997

32 Ragistrar's Signatura Autia Davidson-Randelle

DHMH 16 Rev 6/95

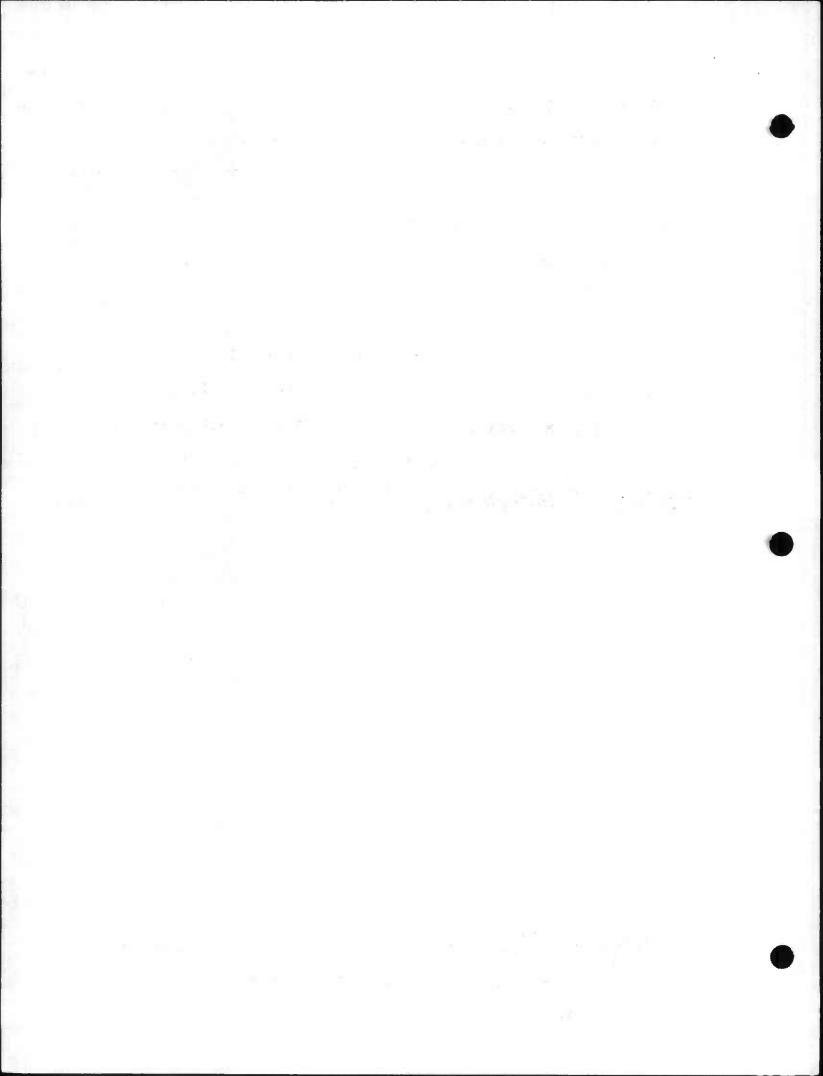
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24 hours

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State of Maryland / Department of Health and Mental Hygiene

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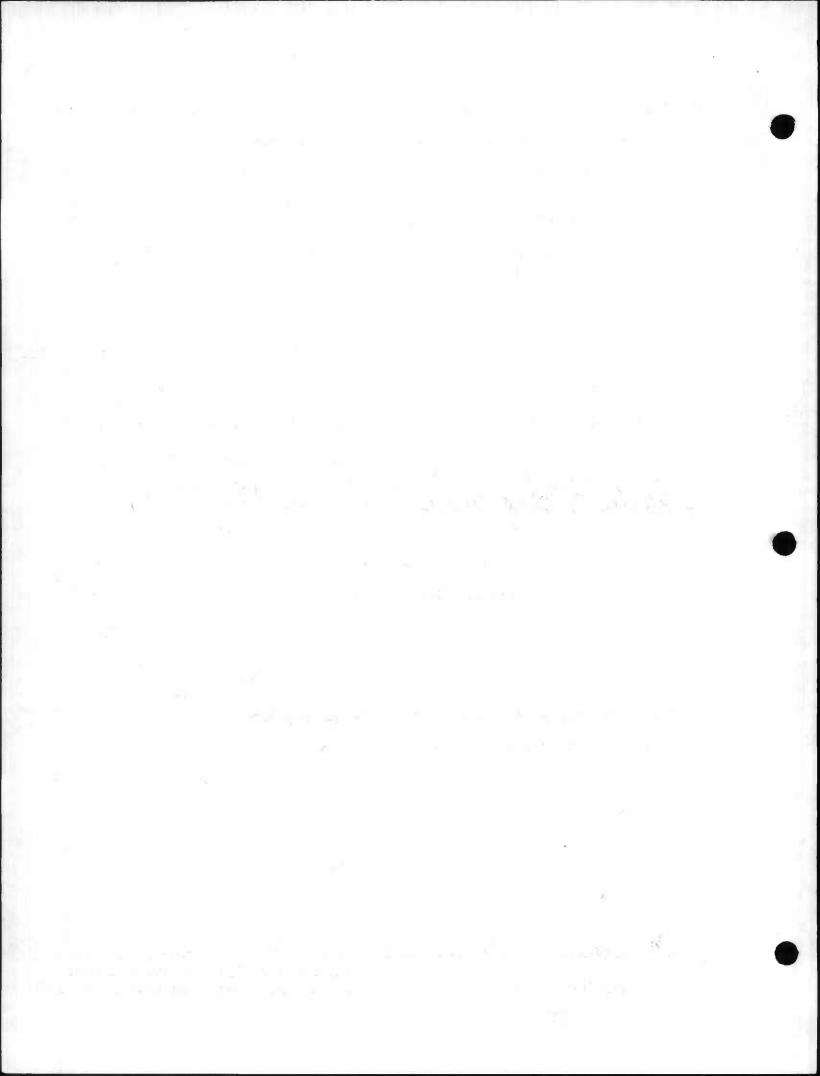
							Hillica	le of	Dealli	'		Reg.	No.			
	Physic	ion	1. Decedent's Name (First, Middle	, Last)							2. Date of Month		Day	Year	3. Time	of Death
	/Medi		Roscoe		Coom	er					Febru		16,1		10:2	28 am
	Exami		4e. Fecility Nema (If not institution	give street and n	um <i>ber)</i>				4b. City, To	own, or Lo	ocation of D	eeth		ty of Deeth		
			Johns Hopkins Ba	ayview Me	edical	Center			Balt	imore	e		N/A			
	Funeral		5. Social Sacurity Number	6. Sex	7. Aga (in	yrs. lest birthde		ar 1 Yaa	r If Under	24 Hrs.	8. Date of (Month)	Birth		9. Birthple	aca (Stete	or Foreig
	Director		407-01-1489	1X M 2□ F		84 Yrs.	Months	Dey	s Hours	Min.	9 - 18		19 <i>r</i>)	KENT	iy) ` LICKA	,
	מ		Usuel Residence of Decedent								V-10.	12		IN LIVI	UCNI	
	ylan Mow		10e. Stete 10b. County		100	City, Town or	Location							10	d. Inside	City Limits
	Mer I	to	MARYLAND BAL	.TO.		N/A									1 □ Y€	s av No
	28s	Je C	10e. Street end Number					lp Code				10a.	Citizen of	f What Counti	rv?	
	72 hours effer death with the Menfand netural; or items 23s or 28s-f show olds! Examinet must be notified at	Completed by Funeral Director	1129 HORNERS	LANE				212						SA	,	
	s 23	era			cedent Ever	in IIC 15				dain0 (Co	ach Mass	Ma			m Indian	
	iten iten	S	11. Marital Status	Armed F	orcas?	III 0,5.	If Yes, spi	ecify Cu	Hispenic Or ben, Mexice	n, Puarto	Rican, atc.	NO-		ece - Amarica ack, White, e		
N	s eff	Y	1 Nevar Married 2 Marrie	If Yes, G	2 XNo live		1□ Yes	2 X No	Specify:	:			Speci	ffv:		
3	n 72 hours eft "natural", or edical Exami	Q P	3 Widowad 4 Divorced	Yeer or I	Detes:									" WHI	TE	
0200-61212	be filed within 72 ho ital Hygiene. d other than "naturevent, the Medical	ete	15. Decedent' (Specify only highes	s Education t grede completad)	16e. Dec (Gir	edent's Usi	uel Occu	upation e <i>dun</i> ng mos red)	st of work	ina	16b). Kind of I	Business/Indu	ustry	
N	filed within Hygiene. Ither than *	ldu	Elementary/Secondary (0-12)	1	(1-4or 5+)				red)							
	filed w Hygier ofther th	Ö	8 YEARS			HEAT	& A	IR	COND.			CF	APITO	OL PO	WER	VAC.
3	d oth	Be	17. Fether's Neme (First, Middle, L	.ast)					18. Mothe	er's Name	e (First, Mid	dle, Mei	den Sume	eme)		
3	should be filed within and Mental Hygiene. marked other than imatic event, the M	To	BILL COOMER						ADA	J	ETT					
Maryland			19a. Informent's Name/Reletionsh	lp (Type, Print)		19b. Me	iling Addres	ss (Stree	et end Numb	er or Run	el Route Nu	mber, Ci	ity or Tow	n, Stete, Zip (Code)	
	end 2 salth er n 27 is		MR. STEPHEN S	MITH		7511	SWE	ETB	RIAR	DR.	COLL	EGE	PK	. MD.	207	740
บ	of Health Item 27		20e. Method of Disposition		20	Ob. Place of Dis				T	Dete			- City or Tow		
2	Peges nent of It int: If Ite		1 Buriel 2 Cremetion	3 Removel from	State					1						
pallillore,	permit. Pege Department of Important: If any Injury or once.		4 Donetion 5 Other (Sp		G		OUNT							O. MD		
0	Depariment Important		21 Signature of Funerel Service L	Common		/- K	ACZO	ROW	SKI F	INF	RAI H	HOME	7			
	00 = 6 0		VALLETY.	XAMSA	MILA				DALK					. 212	22	
			23a. Fert . Enter the disaase, or a shock, or haart failure. List of	complication net	caused the										Approxim	ata
	Physician		Shock, or heart failure. List of	only one ceu on	aech line.										Intervel B Onset en	
	/Medical	Н	Immediate Ceuse (Finel													
	Examiner		disaasa or condifion resulting in death)	e. Mult		em Orga			3					8	day	S
		5	331 442 4 441		Due	to (or es e cons	equence of):								
	pe pisit	Examiner		■ b. Gast	roint	estinal	Blee	đ						8	day	s
_	and I-train	xar	Sequentielly list conditions, if eny, leeding to immediate cause. Entar Underlying Ceuse (Diseese or Injury		Due	to (or es e cons	equance of)):								
00100	cian curia		cause. Entar Underlying Ceuse (Diseese or Injury	C												
5	hysi the l	dica	thet initieted events resulting in deeth) Last	0	Due t	to (or es e conse	equence of)	:								
	n certificate be executed anding physician and use es the burial-transit	Me		L												
5	th ce	an		d										1		
	deeth e ette ed for	sici	Pert II. Other algnificant condition	s contributing to a	death but not	resulting in the	underlying	ceuse o	iven in Pert I	l.	23b. [old tobac	cco uae c	ontributa to	tha csus	of death?
5	requires thet the deeth seen signed by the etter hould be detached for i	Physician/Medical												3 □ Probe		
Ď.	ned a del	by P	Severe Atheros	crerotic	disea	se, Acu	te RE	naı	rallu	re,					, ,,	p. de l'Allie
3	uire sig r										24e. V	/as en e	utopsy	24b. Wer	ra eutops	y findings
necola	need shoul	Completed	Paroxysmal Atr	lal Fibri	illati	on						erformac		avel	lleble prio	r fo
2	2 0 N	du												of de	eeth?	
		ပ္ပ									1	Yes	2 🗆 No	10	Yes 2	X No
100	ysician: The s certificate director, pag	Be	25. Wes cese referred to medical exeminer?						26. Plece	e of Deetl	h (Check or	ly one)				
	Q io	2	1 ☐ Yas 2 No	Hospitel: 1 📈	Inpatient	2 ER/Outpeti	ent 3 D	OA O	ther: 4 Nu	ursing Ho	me 5 R	esidence	6 DO	ther (Specify))	
5	fer th		27. Menner of Death	28e. Date	of Injury oth, Dey Yee	28b. Time	of	28c. Inj			28d. Descri					
DISION OF		tio	1 Netural 5 ☐ Pending 2 ☐ Accident investiga		ки, ову 198	(r) Injury	М		ork? ⊒Yes 2□	No						
2	I or Attending after death. Director: After d in by the fune	Certification:	3 ☐ Suicide 6 ☐ Could no	ot be 28e. Plac	e of Injury - A	At home, ferm, s	treet, fector	ry, office	Э		28f. Location	n (Stree	t end Num	ber or Rurei	Route No	mber.
	after Direction by	ET.	4 ☐ Homicide determin	build	ling, etc. (Sp	ecify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,				Town, S.				,
	Portal Surs filled		29a. Certifier 1 Certifying	Dhysisian, To the	a boot of mu	les cultures de c	4b	1 -1 45 - 1		-1-1			-(-) 1 -			
	Fun tely	edicai	(Uneck only 2 Medical E	Physician: To the k	oesis of exan	ninetion end/or i	nvestigetlor	n, in my	opinion, des	eth occurr	red et the tir	ne ceus ne, date	and place	nenner as ste o, and due to t	ited. tha cause	(s)
	To the Hospital or A within 24 hours after To the Funeral Dire	Med	Orie)	end mer	nner stated.							_				
	S T S O		29b. Signeture end title of certifier	,	1		29	c. Licer	nse number			29d.	Date sign	ed (Month, D	ey, Yaar)	
	^		Shali	mi a	lewa	ui M	D	91	011	8		Fol	שבוושר	y 18,1	907	
	6		30. Nama end eddress of person w	ho completed ceu						leine	Darmi					
	P		C'1 - 1. '	-		, \1, p			_		-			cal Cer		12004
			31. Date filed (Month, Dey, Yeer)		Jari Begistrer's S	ioneture	-	494(Last	ern_i	Avenue	2,_Ba	altim	nore, M	ID_2	.1224
	Sta	ite	Date med (mornit, Day, 1981)	32.1	Registrer's S	Ruginia										

The Savidson-Randelle

DHMH 16 Ray 6/95

Registrar

FEB 26 1997



State of Maryland / Department of Health and Mental Hygiene 97 05475

							Cei	rtificate c	f Death	1		Reg. No	0.		
			1. Decedent's Neme (First, Mid	die, Last)							2. Dete of D				3. Time of Death
	Physic		COLUI	1 141.0		C	ANA	MDY			Month	De	4.63	Yeer 1997	730
2	/Medi		4a. Fecility Neme (If not institute				//0 /-		Ab Ch. T	Dura 05	ocation of Dee	/	, -	11	P
J.	Exami	ner	AND THE RESERVE OF THE PARTY OF				NER	2				40	c. County		
			LIBERTY	MEDI	CNL		0101	-			1025		010	7	
	Funeral		5. Sociel Security Number	6. Sex		ge (In yrs. las	t birthday)	If Under 1 Ye Months Der		24 Hrs. Min.	8. Dete of B	irth	1	9. Birthpl	ece (Stete or Foreign
	Director	100	230-09-6359	1 (X.M	2∐ F	80	Yrs.	MONTHS De	riouis	IVIUI.	02/26	719	16	S.	Carolina
			Usuei Residenca of Decedent							1		,			
	show		10a. Stete 10b. Coun	y		10c. City, 1	Town or Lo	cation						10	Od. Inside City Limits
	Aary ed -	0	MD	N/A		1	Ralt	imore							1⊠Yes 2□No
	the Maryla 28a-f shorn	Sc													
	5 6	Director	10e. Street end Number					10f. Zip Code	9			10g. C	itizen of W	hat Coun	iry?
	23a	8	812 Whitelo	CK Sti	reet			2	1217				U.S	. A.	
	items items	Funeral	11. Meritei Stetus	12. W	es Decedent	Ever in U,S.	13.	Wes Decedent of f Yes, specify C	f Hispenic Or	igin? (Sp	ecity Yes or N	0-		- America	
0	or its		1 Never Merried 2 Ma	rried 1	rmed Forces? ☐ Yes 2 🔀						rican, etc.)		Bieci	k, White, e	itc.
02	40	by	3 ₩idowed 4 Divorce	d if	Yes, Give ear or Detes:			1 □ Yes 200 N	lo Specify	:			Specify:	B1	ack
P	72 hours	Pa	15. Decede	nt's Education	n	1	16a Deced	tent's Usuel Occ	cupation			16b k	Kind of Bu	siness/Ind	uetry
15	C . C	Completed	(Specify only high	est grade con	pleted)		(Give	dent's Usuel Oce kind of work do DO NOT use ret	ne during mos	st of work	ing	100.1	1110 01 00	311103071110	oody
5	e filed within all Hygiene. other than avent, the Man	E	Elementery/Secondery (0-12)	C	oliege (1-4or	5+)		orer				Be	thle	ehem	Steel
2		ပိ	8th	1 0			Dab	OLCI							
E C	be filed trail Hyg of othe event,	Be	17. Fether's Neme (First, Middle		- 3						e (First, Middle			9)	
2	Mental Mental arked c	2	William	Cann	ady				Est	етт	e Robe	erts	son		
Maryland 21215-0020	S DE E		19e. Informent's Neme/Reletion	ship (Type, P	Print)		19b. Meilir	ng Address (Stre	et and Numb	er or Ru	al Route Num	ber, City	or Town,	Stete, Zip	Code/21117
	nd 2 lith a 27 is		Lillian Bil	1y			1190	9 Garr	ison	For	est Ro	d, C	wing	ys M	ills, MD
Baltimore,	He He		20e. Method of Disposition			20b. Piec	e of Dispo	sition (Neme of		Ţ	Dete	20c. L	ocation - (City or To	wn. Stata
ō	80= 2		1 Burial 2 ☐ Cremetion		ei from Stete	cem	etery, cren	netory or other p	olece)	1					
틒	permit. Pag Department Important: It any injury o		4 □ Donetion 5 □ Other	Specify)		Dru	1d R	idge C	emete	ry	2/21	Ba 1	Ltimo	ore,	Marylan
a	Departm Departm Importar any injur		21. Signature of Funeral Service	e Licensee	1/	. /	22	. Name end Ad	ress of Fecil	ity					
m	82 = 28		*XOX ITT	111	11 110	0 11	- 1	600 LI	DEDTY	TT	& SON	FUN	IERAI	L HO	ME, P.A.
	_		23a Parts Unter the disease.	complication	na that cause	t the death							. , B	ALTO	
			23a Parts: Enter the disease, shock, or heart failure. Li	it only one car	use on early li	ine.	DO HOC GITE	er the mode of t	lying, such es	cardiac	or respiretory	011031,			Approximete Intervel Between Onset end Deeth
	Physician													1	Chiser and Death
18	/Medical Examiner		immediate Cause (Final disease or condition		4	BODD	Y Sh	28454	MIN					1	
	LAGIIIIICI		resulting in deeth)			Due to (or ea		-							F
-	B #	Examiner				010	01.00	14001	AFHA	1					
	ate be executed hysician and the burial-transit	Ē	Coguantially list conditions	b. —		Due to for e	e a consec	140P1		J					
-6	icate be execu physician and the burial-tra	Exa	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying			100	2011364	e CETRO	70	200	. 0.11 B	0111	ועם מ	ENL	
68760,	De cia	8	Cause (Diseese or injury	c		ALCIO	alos	6 reka	re c	nea)	1007130	ener	2 73	GNA!	
8	certificate be ding physicia se as the bur	/Medical	thet initieted events resulting in deeth) Last			Due to (or es	e conseq	uence of):						į	
×	ding pl	Me.												i	
Box	- 5 3	an		u											
	es that the death or igned by the atten be detached for u	100	Pert ii. Other significant condit	lons contribut	ing to death b	out not resultin	ng in the u	ndertying ceuse	given in Pert	l.	23b. Dfc	1 tobacco	o use con	tributs to	the cause of death?
P.0	that the ed by th detach	hy									10	Yss :	2□ No	3 □ Prob	ebly 4 Unknown
	that det	ΥP	SHOU SOUEU	0/3371	acces	w a	74	PANE	onnor	PN -		1100	20140	3_1100	abiy 40 bilkilowii
of Vital Records,	requires een sign hould be	Completed by Physician			-						240 18/0	s an auto	- T	24h We	re sutopsy findings
Ö		ete	CHRONE LUI	16 DI	१६ १८ १८	- B	1221	ECTA JI	' 5		per	formed?	`	eva	ileble prior to
9	8 9 CI	jdi				_			17	MIST	L		,	of c	npletion of ceuse leath?
0	The la	no:	HEMORRHAGIC	BASE	DITT	- 81	veu	uonin	· EI	KNIL	unnout	Yes 2	DNO	1□	Yes 2 No
ta	certificate irector, pag	BeC	25. Wes cese referred to medic	e) le	12110				28 Plac	a of Door	h (Check only	onel			
5	ding Physician: h. After this certifical	0 8	examiner?	Hospit	el:	AD 50	10.111-		Othor					10 11	
of	Physical distriction	To	27. Menner of Deeth	28	1 Inpatie		Outpetien b. Time of	I SLI DOA	4 LI N	ursing Ho	ome 5 Res)
	After funer	LO	1 Weturai 5 ☐ Pend		a. Dete of inju (Month, De	y Year)	Injury	V			200. Describe	now inju	ary occurre	90	
pivision		at	E LI MOOIDON	tigation				M 1	Yes 2	No					
5	br Attendation of the Control of the	t H	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide deter	mined 28	e. Pieca of injuding, et	ury - At home	e, ferm, str	eet, fectory, offic	20		28f. Location City or To	(Street a	nd Numbe	er or Rural	Route Number,
9		Certification:	/		Danishing, Wi	- (opony)					J., 01 1	west	-/		
/	lle li		29e. Certifier 1 Cartify	ng Physician	: To the best of	of my knowle	dae, deeth	occurred et the	time, dete er	nd place.	end due to the	a cause(s	s) end mer	ner es ste	eted
1	etely a	edical	(Check only 2 Medica	Examiner: C	On the basis of	f examinetion	and/or Inv	restigetion, in m	y opinion, de	th occur	red at the time	, dete an	d plece, s	nd due to	the ceuse(s)
3	a de	Me	29b. Signeture end title of penul	-				200 I les	ense number		1	204 D	ete signed	(Manth I	Day Vegel
	E 2 E 8		200. Organizatio ento title di permi	Policy	Elous	2 0	u)	EGU. LICE	7 / 0.1	1		ر سے	a aigiled	(WOHIT, L	/ (5
				1				0	2190	1		tes	ruan	1/12	5/1917
			30. Neme and address of particular to the control of the control o	who complet	ted cause of d	leeth (Item 23	Be) (Type,	Print) /	EZA	40	8	Co	Ro	151	MO
	Y		LiBE	274	ME	DICM	C	ENTER	2	,	- '		160	~~	
	Sta	te	31. Dete filed (Month, Dev. Yea)											
	Registr		FEB 26	1997	Trelia	er's Dignature Laurico	n-Man	7410							



State of Maryland / Department of Health and Mental Hygiene 9.7 05476 3. Time of Deeth

					Otato or mi	arylana	Certifica		Death	icintal Fig	Reg. No.	, ,	03476
			1. Decedent's Ne	me (First, Middle, La	ist)					2. Dete of De		Month of	3. Time of Deeth
	Physic /Medi		DAM	ES Evere	ett DA	VEA	1000	T		Month 2	Dey	Year 1950	9:07
	Exami		46 Facility Neme	(If not Institution, give	e street and number)		1		4b. City, Town, or Lo		th 4c. County	-	
			FRAN	KLINE	oods				Rossvil:	le	BAL	tin	ORE
	Funeral		5. Sociel Security	Number 6.5	Sex 7. Ag	e (In yrs. les	t birthdey) If Un Month	der 1 Yee		8. Dete of Bi (Month, D	rth	9. Birthpl	lece (Stete or Foreign
	Director		228-10 Usuel Residence	7-4986	10 M 2□ F	86	Yrs.	is Dey:	nours min.	21:	28/10	Mary	yland
	yland		10a. Stete	10b. County		10c. City, 7	Town or Location					10	Od. Inside City Limits
	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or flems 23a or 28a-f show ont, the Medical Examiner must be notified at	to	MD	N/A		Ва	ltimore						1 N Yes 2 No
	h the	Director	10e. Street and N	umber			10f.	Zip Code			10g. Citizen of	What Count	iny?
	h wit	a D	6609 M	oyer Ave.				2	1206		US	SA	
	deat	Funeral	11. Meritel Stetus		12. Wes Decedent Armed Forces?	Ever in U,S.	13. Wes De	cedent of	Hispanic Origin? (Sp ban, Mexican, Puerto	ecify Yes or N	0- 14. Red	e - America	
0	or its		1 Never Me	rried 2 Married	1 Yes 2 1	No				Hican, etc.)		ck, White, e	
05	urs a	by	3 🗆 Widowed	4 Divorced	Yes, Give Yeer or Detes:		1 ∐ Yes	2 X No	Specify:		Specif	v: Whi	te
Maryland 21215-0020	d within 72 hours piene. r than "natural", rre Medical Exe	Completed	(50.	15. Decedent's E- ecify only highest gra	ducation	1	16a. Decedent's U	suei Occi	upation e during most of work ed)	Ina	16b. Kind of B	usiness/Ind	ustry
2	within ene.	ple	Eiementery/Sec		Coilege (1-4or 5	5+)	life. DO NO	use retir	ed)	rig			
2	filed within Hygiene.	Con	Unknow				Marine E	ngin	eer		Curtis	Bay 7	Nowing
nd	be filed htal Hygi d other svent,	Be (17. Fether's Neme	e (First, Middle, Last,)				18. Mother's Nem	e (First, Middle	a, Meiden Sumer	ne)	
<u>yla</u>	Ment Ment	10	Addie	Braxton I	Davenport				Mary I	Luttrel			
a	12 should be find and Mental It is marked of traumatic sve			Neme/Reletionship (_	,	et and Number or Rur				Code)
2	and and n 27		Mildre	ed V. Dave	enport				ve., Balti	more,	MD 2120	06	
ore	ges 1 and 2 should it of Health and Mer if item 27 is marks or other traumatic		20e. Method of Di		Removel from State	20b. Pied cem	ea of Disposition (/	Verne of or other pl	(ece)	Dete	20c. Location	City or Tov	wn, Stete
Ē	Peg nent ant: I			5 ☐ Other (Special		Gard	lens of F	aith	2,	/27/97	Baltimo	ore, M	1D
Baltimore,	permit. Peges 1 and 2 Department of Health a Important: If item 27 is any injury or other tra once.		21. Signature of 9	uneral Service Licer	7099				ress of Fecility				
00	20 = 20		DV.	Mens 1	Mila		ALTEN	BURG	FUNERAL H	ICME, P	.A.	0101	
			23a. Part Enter	the disease, or com	plications that caused one cause on each lin	the death.	Do not enter the n	Hari node of dy	ord Rd., I	or respiratory	re, MD errest,	21214	Approximete intervel Between
	Physician		genock, or he	ant failure. List only	one ceuse on each lif	ne.	,						Onset and Deeth
	/Medical		Immediate Cause	(Finel		amen	Lumo					i	
	Examiner		disease or condit resulting in deeth)	ө	Due to for e	s a consequence	νn.				1	41
		je				Dua to (or a	a a commiquimo	,,,				į.	
	tificate be executed g physician and ss the buriel-transit	edical Examiner	Sequentially list of	conditions	b	Due to (or as	s e consequança o	of):		<u> </u>	-	<u> </u>	
ó	an ar	EX	Sequentially list of eny, leading to cause. Enter Und Ceuse (Disaasa of that initiated even	immadiete derlying			, , , , , , , , , , , , , , , , , , , ,						
68760,	ysicia ysicia	cai	Ceuse (Disease of thet Initiated even	or Injury its	C	Due to (or as	s e consequence o	n:					
	iffica g ph	-	resulting in death) Last				.,.				į	
Вох	andin use	2			d							<u> </u>	
	If the death certifications the attending	Physician/N	Pert it. Other sign	ificant conditions of	ontributing to death be	ut not resultir	ng in the underlyin	n causa n	ilven in Pert I	23b. Did	tobacco use co	ntribute to	the cause of death?
P.0	by the	hys					ng in the endenyin	g outero s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				pably 4 □ Unknown
	s tha	by P								1		-227.130	
ords										24e. We	s an eutopsy	24b. Wa	ere autopsy lindings
3	*H*)	mpleted								peri	ormed?	con	nilable prior to repletion of cause death?
E/		E									Van alle		Vac allian

Physician/ Completed by Be

To the Hospital or Attending Physicians within 24 hours after death.

To the Funeral Director: After this certifiant funeral

To

Certification:

Medical

Division of Vital

Registrar

30. Nema end eddrass of person who completed cause of deeth (Item 23e) (Typa, Print) State

THANT 31. Dete filed (Month, Day, Year) 26

29b. Signeture end title of certifier

25. Wes case referred to medical exeminar?

5 Pending invastigation

6 Could not be determined

1 Yes 2 No

27. Menner of Death

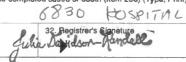
1 Naturel

2 Accident

3 ☐ Suicide

29e. Certifier (Check only one)

4 | Homicida



9:07PM

1 Yes 2 No

1 Yes 2 19 No

26. Place of Deeth (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

Hospitel: 1 | Inpatient 2 | ER/Outpetient 3 | DOA 28c. Injury et Work? 28d. Describe how injury occurred

28a. Dete of Injury (Month, Dey Year) 28b. Time of 1 Yes 2 No 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) 28e. Pieca of Injury - At home, farm, streat, factory, office building, etc. (Specify)

12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the causa(s) and menner as stated. 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

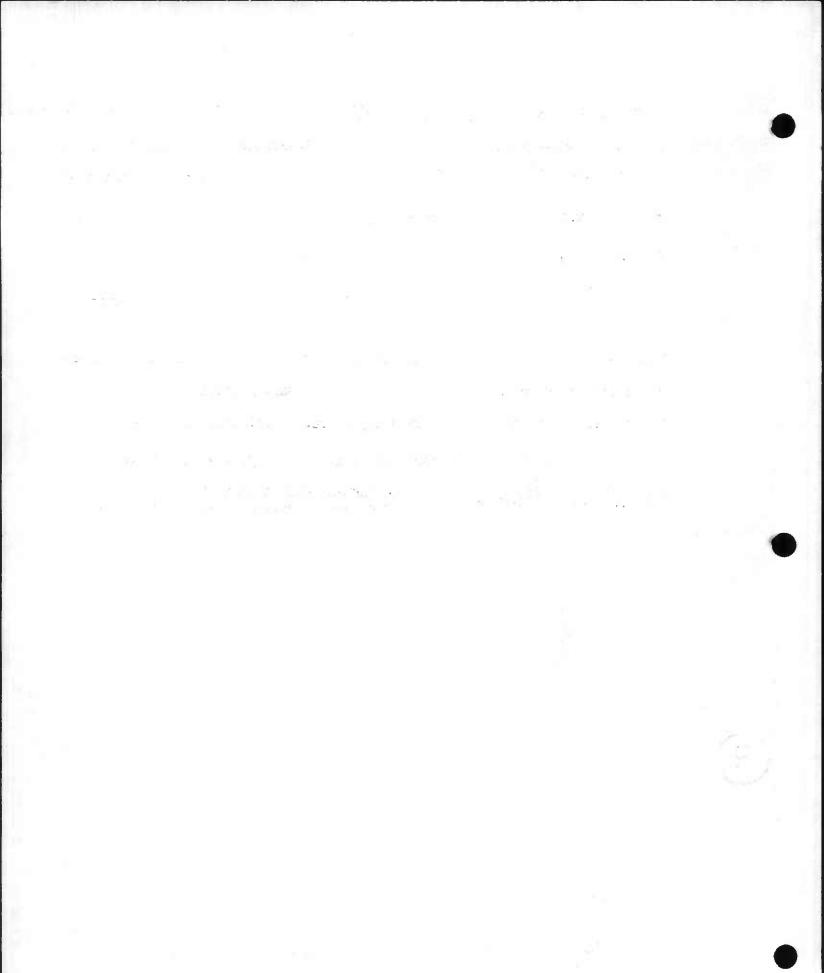
29c. License number

DRIVE

29d. Dete signed/(Month, Day, Year)

BACTO, MD 21237

DHMH 16 Rev 6/95



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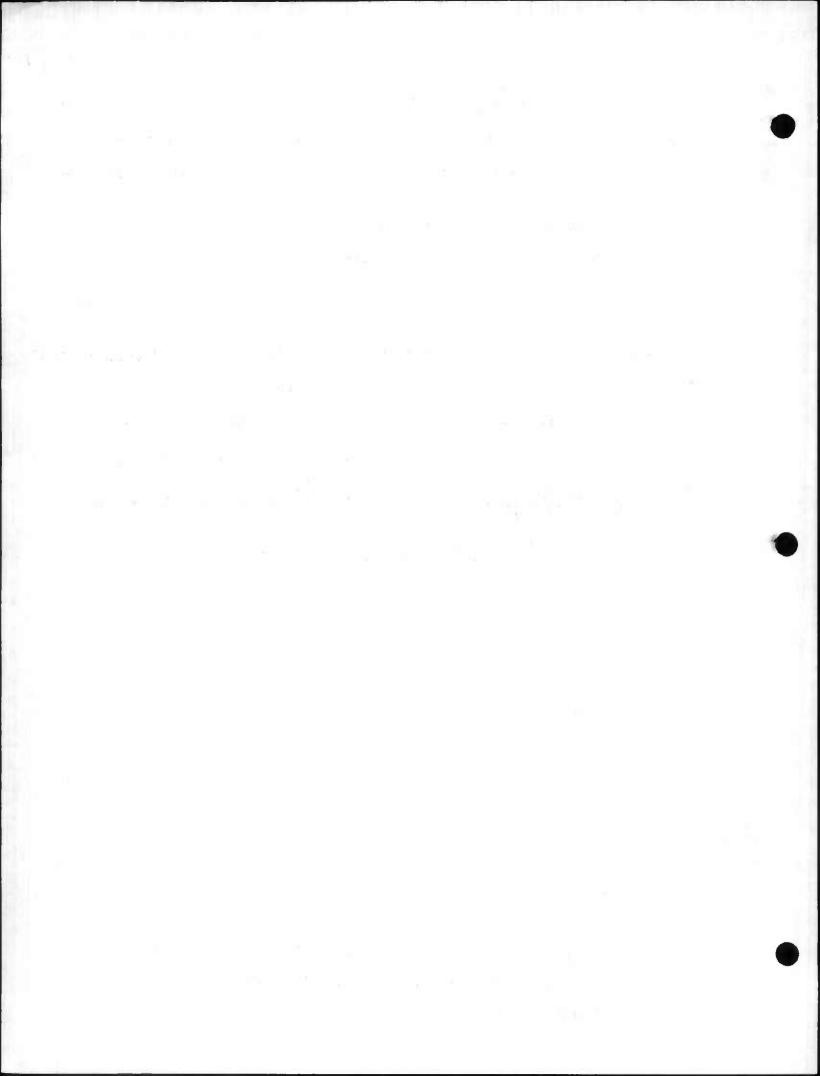
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

05477

_						Ce	niiicat	e or	Death			Reg. No.			
	Physic	ion	Decedent's Nama (First, Middla, I	Last)							2. Data of D Month	eath Day	Yaar	3. Time of Dec	th
	/Medi		LEONA J.	DE CHR	ISTE						2 1	7 97	Taar	B:350r	n
	Exami		4a. Facility Nama (If not institution, g	iva street and nu	umber)				4b. City, To	wn, or L	ocation of Des	th 4c. Count	y of Death		
1			BON VIE NURSI	NG CEN	TER				RAND	DALL	STOWN	BAL	TIMO	RE	
	Funerai	Г	Social Security Number 6.	Sex	7. Aga (In yi	rs. last birthday)	If Undar Months	1 Yaar Days	If Undar	24 Hrs. Min.	8. Data of B	irth	9. Birth	olaca (Stata or Fo	oraign
1	Director		217-07-8723	1 M 2 F	8.9	9 Yrs.	Working	Days	Hours	IVIII.	10-06	-07	MAR	olaca (Stata or Fo	
	pc ,		Usual Rasidance of Dacedant 10a. Stata 10b. County		1.0										
	anyla ehov	1	10a. Stata 10b. County		100.1	City, Town or Lo	ocation							I Od. Inside City L	
	M 96 M	50		O. CO.	C	ATONSV								1 Yas 2	X No
	No.	Director	10e. Street and Number				10f. Zip					10g. Citizen of		ntry?	
	ath v	Funeral	402 GREENLOC					228					SA		
	itam itam	ů	11. Marital Status	Armed F		U,S. 13.	Was Deced If Yas, spec	lant of h	fispanic Orig an, Maxican	gin? (Sp n, Puarto	ecify Yas or N Rican, atc.)	lo- 14. Rai	ce - Amari ck, Whita,	can Indian, atc.	
20	ours after death with the Marylan rel', or itams 23a or 28s-f show Examiner must be notified at	by F	1 ☐ Navar Married 2 ☐ Married 3 ☑ Widowad 4 ☐ Divorced	If Yas, G	2) No iva		1 ☐ Yas	2 CXNo	Specify:			Specia	y: 1111	T T 12	
Maryland 21215-0020	72 hours after death with the Maryland "naturel", or frame 23s or 28s-f show added Examiner must be notified at	8	^	Yaar or [Datas:	16a Dass	danka Have	10				40-10-1-15	-	ITE	
5	C	Completed	15. Dacedant's (Specify only highast g	rada complated)		(Giva	dant's Usua kind of wor DO NOT us	k dona	during most	t of work	ing	16b. Kind of B	lusinass/in	dustry	
12	within iene. then	Ĕ	Elamantary/Secondary (0-12) 8 YEARS	Collega (1-4or 5+)				" PERAI	r n p		C&D/	חבוו	ALANT:	TC
0	HAYS HE		17. Fether's Nama (First, Middle, Las	st)		1	FIION	_ 0			a (First, Middl	a, Maidan Sumai		ALANT.	10
a		o Be	JOHN BLATTAU						I				NKNO	lal N	
2	d 2 should be th and Menta 7 is marked traumatic ev	2	19a. informant's Name/Ralationship	(Type Print)		19h Meilii	na Addrass	/Street			al Route Num	ber, City or Town			-
	D = 1 =		MS. EDWINA CZA				_				BALTO		2122		
<u>ق</u>	permit. Pages 1 and 3 Department of Health Important: If Item 27 I any Injury or other tri once.		20a. Mathod of Disposition		20b	. Placa of Dispo	sition /Nan	na of			Date	20c. Location			
Baltimore,	ages ont of t: # #		Donation 5 Other (Space			cematary, crai					200	BALTO.			
	ortan Ortan		20 Signature of Funeral Service Lice		3				CEM.		2-20	DALIU.	MD.		
B	Depa Impo any Ir		1 1.1. D	V/		/ · K	ACZO	ROW	SK I F	UNE	ERAL H	IOME			
	Contract.	(Junes 1.)	10000	rows								MD.	21222	
		,	23a. Part1. Enter the diseasa, or co- shock, or haart failura. List onl	y ona cause in	aach iina.	ath. Do not ant	ar tha mod	a or dyir	ng, such as	cardiac	or raspiratory	arrest,		Approximata Interval Batwee Onset and Deal	in
	Physician /Medical		Immediata Ceusa (Final											Origot sild Dea	
	Examiner		disaasa or condition rasulting in daath)	a. AC	UTE M	YOCARD	IAL	INF	ARCT	ION			1		
		6	,		Dua to	(or es e consec	quanca of):						1		
	ted nsit	in in		b											
	certificate be executed nding physiclan and use as the burial-transit	Examiner	Sequantially list conditions, if any, leading to immediata causa. Entar Undarlying Causa (Disaasa or Injury		Dua to	(or as a consac	uanca of):								
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28	phys the	n/Medical	rasulting in daath) Last		Dua to	(or as a conseq	uanca of):						1		
X	ding ding	M		d											
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л. О.	es that the death igned by the atte be detached for	by Physicia	Part II. Other significant conditions	contributing to d	eath but not re	asulting In the u	ndarlying c	ausa giv	en in Part i.			tobacco use co			
	that the led by th detache	4	History of Car	diac A	rryth	emia					1	Yee 2,□ No	3∐Pro	bably 4 Uni	now
Vital Records,	requires										24a. Wa	s an autopsy	24b. W	era autopsy findi	nas
ក្ល		Completed										formed?	av	allabla prior to mplation of caus	-
ě	has has	m d										_		death?	
Ö	clen: The		OF Me									Yas 2X No	11	Yes 20 No	
5	iclen: certific rector,	Be c	25. Was casa rafarrad to medical axaminar?	Hospital:				Oth	000		h (Check only				_
0	1	. To	1 ☐ Yas 2♥ No 27. Mannar of Death	28a. Data		☐ ER/Outpatian 28b. Tima of		A	4AJ NU			how injury occur		y)	
HO	NE!	tou	1 Natural 5 ☐ Panding	(Mon	th, Day Year)	Injury	м	8c. Injur Wor	k? Yas 2 □ t		200. 0000100	now injury coco			
Ø.		Certification:	3 Suicida 6 Could not	be gen Dies	of Injury - At	home, farm, str			140 2 2	-	28f. Location	(Street and Num	ber or Run	al Routa Number	
2	a Die Die Die Die Die Die Die Die Die Die	erti	4 Homicida datermine	build	ing, atc. (Spe	cify)	aat, lactory	, onice			City or To	wn, Stata)	DOT OF FIGHT	ar riodia ridindor,	
	To the Hospital or within 24 hours after To the Funeral Discompletely filled in		29a. Certifier 1X Certifying P	hyelden: To the	haet of my ki	nowledge death	occurred :	at the tir	ne dete en	d place	and due to the	cause(s) end m	00001 00 0	tatad	
	Pur Fur etely	edicai	(Check only 2 Medical Exe	miner: On tha b	asis of axami	nation and/or in	vastigetion,	In my o	pinion, daat	th occur	ed at tha time	, data and placa,	and dua to	tha causa(s)	
	within 2 To the comple	Me	29b. Signatura and titla of certifier				290	. Licans	a number			29d. Data signa	nd (Month,	Day, Year)	-
	- s - ö		VE1 0	0/		_		D19	171			2-17-			
	1		20 Name and advanced) Let	on of death for	am (22-) (T		017	171			2-1/-	//		
	10		30. Nama and address of person who 8620 LIBERTY P					Ν.	MD.	211	33				
			31. Data filad (Month, Day, Yaar)		Registrer's Sig		0.00	,		_ , , ,					
	Sta	ate	FFR 9 6 1007		L P	S .									

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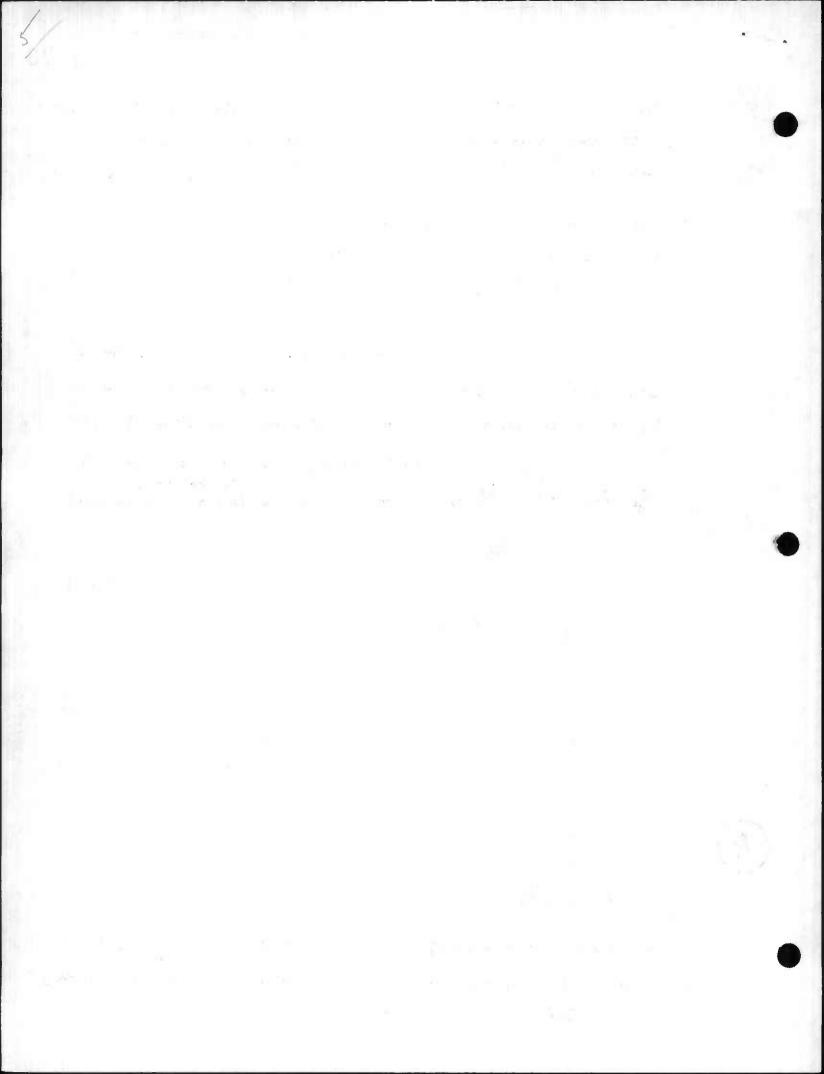


State of Maryland / Department of Health and Mental Hygiene

051.78

						Certificate	of Death	R	eg. No.	, ,	00470
	Dharia	·	1. Decedent's Name (First, Middle,	Last)				2. Date of Daa Month	th Day	Yaar	3. Time of Death
	Physic /Medi		Marie Rose	Deluc	a			Februar			6:30 A.1
	Exami		4a. Facility Name (If not institution,	give street and numbe	ur)		4b. City, Town, or I	ocation of Death	4c. County	of Death	
			Franklin Woods	Nursing H	lome		Baltimo	re	Balt	imore	
	Funeral Director		5. Social Security Number 215-05-4732	3. Sex 1 ☐ M 2 🗓 F	Aga (In yrs. last bii 83	thday) If Under 1 Months I	Yaar If Undar 24 Hrs. Days Hours Min.	8. Date of Birth (Month, Day April 8	, Year)	9. Birthp Coun Ma	lace (Steta or Foraign stry) ryland
	2		Usual Rasidance of Decedent								
	anylar show	-	10a. Stata 10b. County		10c. City, Tow	n or Location				11	Od. fnside City Limits
	No Ma	Funeral Director	Maryland N/A		Ва	ltimore					1 No Yes 2 No
	80.0	Dire	10e. Street and Number			10f. Zip C		1	0g. Citizen of \	What Coun	itry?
	23a	ie	5908 Walther Av	enue		21	206		U.S	.A.	
	ep J	- Pu	11. Marital Status	12. Was Decadar Armed Force		13. Was Decedar	nt of Hispanic Origin? (S Cuban, Mexican, Puart	pecify Yes or No- o Rican, atc.)		e - America ck, White,	
21215-0020	within 72 hours effer deeth with the Maryland idene. Than "natural", or flams 23s or 28s-f show the Medical Examinar pount be notified at	by	1 ☐ Navar Married 2 ☐ Marrie 3 🖔 Widowed 4 ☐ Divorced	d 1 ☐ Yas 2] If Yes, Give Year or Dates			No Specify:			"Whit	
2	72 h	Completed	15. Decedent's (Specify only highest	Education	16a.	Decedent's Usual (Occupation	kina	16b. Kind of B		
2	Mer.	nple	Elementary/Secondary (0-12)	College (1-40	r 5+)	life. DO NOT use	done during most of wor retired)	and a second			
7	Hygiene. ther than out, the Me	S				Machine	Operator		Can		npany
Maryland	should be filed ad Mentel Hygi marked other imatic event,	Be	17. Father's Name (First, Middle, Li	est)			18. Mother's Nan	na (First, Middla, i	Maiden Sumen	10)	
X a	2 should be I and Mentel I is marked of aumatic eve	1º	Michael Unkno	wn	loor		Unkno	own Unl	known	Unk	tnown
ā	2 8 8 2		19a, Informant's Name/Relationshi	p (Type, Print)	196	. Mailing Addrass (S	Straet and Numbar or Ru	ral Routa Number	r, City or Town,	Stete, Zip	Code)
2	25 5 2		Eugene M.	DeLuca/ S			Lther Avenue	e Bal	timore,	Md 2	21206
ore.	O C .		20a. Mathod of Disposition 1∑ Burlai 2 ☐ Cramation 3	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	com o to	Disposition (Name ry, cremetory or other	of er plece)	Date	20c. Location -	City or To	wn, State
Baltimore,	Pages nent of h int: If ite ury or of		4 Donation 5 Other (Spa			rood Ceme	etery 2	/24/97	Baltim	ore.	MD
att	- 5 5 5		21. Signatura of Funaral Service Li	censee \	IGIR	1	Addrass of Facility	6415 Be		-	
m	Depariment important		Kathley	m. M		John C	Miller, Inc.				21206
			23a. Part 1. Enter the disease, or c shock, or heart failura. List or	omplications that caus						yrand	Approximate
	hysician		shock, of heart failura. List or	nly one cause on each	lina.		, , ,				Interval Between Onsat and Death
	/Medical		Immediate Cause (Final	0-1-							
	Examiner		disaasa or condition rasulting in death)				SART D	156 ASE			
		ē		0	Due to (or as a	consequence of):	ATOMA				6 WXS
	nsit a	Examiner		b. 30/3			MATOMA			i_	6 WKS
	al-tra	Xa	Sequentially list conditions, it any, laading to Immediate ceusa. Entar Undarlying Cause (Disease or Injury	11		consequence of):					
68/60,	nincata be executed g physician and es the bunal-transit		Cause (Disease or Injury Ihat Initiated events	c. [7]		EMIA					
200	phy:	Medical	resulting In daath) Last		Due to (or as a	consequanca of):				1	
×	nding use e	M		d							
ROX	ettandii for use	Physician/					•				
5	by the stached	ysi	Part II. Other significant condition				-	23b. Did to	bacco use co	ntributa to	the cause of death?
	deta deta		BA B.	REAST	CARCI	NOMA		1□ Y	ss 2 No	3 Prot	bably 45 Unknow
Vital Mecords,	require, that the death certificate be executed signed by the ettending physician and inquit be detached for use as the bunal-transit	l by								0.45 346-	
ō	been s	Completed	SPINE	CER	EBELL	AR DE	GENERA	24a. Was a perform		ava	are autopsy findings ailabla prior to mpletion of ceuse
e !	10 CV	du								of c	daath?
Ξ,	page 4	00						1 □ Y	es 2 No	10	Yes 2 No
129	dor, and	Be	25. Was cese referred to medical examinar?				26. Place of Dea	th (Check only or	na)		
0	d o	2	1 ☐ Yes 2 M No	Hospital: 1 Inpa	tiant 2 ER/Ou	tpatient 3 DOA	Othar: 4 Nursing H	ome 5 Reside	ance 6 Oth	er (Specify	y)
	1		27. Manner of Death	28a. Data of In (Month, L	jury 28b.	Fima of 28c	. Injury at Work?	28d. Describe h	ow Injury occur	red	
Division	17.)	atic	1 Accidant 5 ☐ Pending Investiga		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	M	1 ☐ Yas 2 ☐ No				
₹/		tific	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homicide determin	ad 286. Place of I	njury - At homa, fa	rm, straat, factory, c	offica	28f. Location (Si City or Town	treet end Numb	per or Rure	I Route Number,
5		Certification:	4 Diromode	building,	вис. (эрвину)			Ony or Your	1, 01010)		
	24 hour 24 hour Funera etaly IIIs	edicai (29a. Certifier (Check only one) 1 Cartifying 2 Madical Ex	Physician: To the best aminar: On the basis and manner:	of examination an	, death occurred at d/or investigation, in	the time, date and place my opinion, death occu	, and due to the c rrad at the tima, d	ause(s) and ma ata and placa,	anner as st and dua to	ated. the cause(s)
W	within 24 h To the Fur	Me	29b. Signatura and titla of cartifiar			29c. L	icansa number	2	9d. Date signe	d (Month. I	Dey, Year)
	- 5 - 6		M-UNNI.	ATTEN	12.10		1) 51090				
	j		PHONNI,	111/64	OWG				2/.	-//	/
	5		30. Name and addrass of person with M-UNNI, MD	no completed ceuse of	daath (Item 23a) アドレハ	(Type, Print) Wood5	, FRANKL	IN SQ	DR,	BAL	TIMORE
	Sta	ite	31. Date filed (Month, Day, Yeer)	32. Begis	trar's Signature	0 000			-		A COMMENT OF THE PARTY OF THE P
	Regist		FEB 2 6 199	17 gina	Davidson-1	iondelle					

DHMH 16 Rsv 6/95



		Ti.		nd / Department of Certificate o			eg. No.	. 00413
Physic	cian	Decedent's Neme (First, Middle, Last)				2. Dete of Deet Month	h Dey	3. Time of Death
/Med	icai	WILLIE 4e. Fecility Name (If not institution, give	etreat and number)	GREE	N SR. 4b. City, Town, or	FEBRUA!		1997 4:05P.M
Exam	iner	1243 DAMSEL ROA			ESSE		4c. County of	
Funera		5. Sociei Security Number 6. Sec	7. Age (In yrs.	last birthdey) If Under 1 Ye	ar If Under 24 Hrs	R Date of Righ		9. Birthplace (State or Foreign
Directo	_	Usuel Residence of Decedent	M 2□F 62	Yrs. Months Dey	s Hours Min.	Feb. 8,	1935	South Carolina
15-UUZU n 72 hours after death with the Maryland n 72 hours after death with the Maryland "natural", or frems 23a or 28a-f show edical Examiner must be notified at	-	10e. Stete 10b. County	10c. Cit	ty, Town or Location				10d. Inside City Limits 1 ✓ Yes 2 ☐ No
the N	Director	10e. Street end Number		50/timore		14.	0- 04	
with with	Ö	1810 Bakar	C+	101. 2ip Code	1117	,	0g. Citizen of W	< D
death ms 2	Funeral	11. Marifal Status	12. Wes Decedent Ever in U	I,S. 13. Was Decedent of If Yes, specify C	Hispenic Origin? (S	pecify Yes or No-		- American Indian,
or he	E	1 ☐ Never Married 2 ☐ Married	Armed Forces? 1 ☐ Yes 2 X No If Yes, Give	If Yes, specify C		o Rican, etc.)		k, White, efc.
ural'.	d by	3 Widowed 4 □ Divorced	Yeer or Dates:	TO THE ZIAN	о зреспу.		Specify:	Negro
4	lete	15. Decedent's Edui (Specify only highest grade	cation com <i>pleted)</i>	16a. Decedent's Usuel Occ (Give kind of work dor Jife. DO NOT use reti	ne during most of wor	rking	16b. Kind of Bus	siness/industry
d 2121 filed within Hygiene. ther than and, tre Me	Completed	Eiementary/Secondary (0-12)	College (1-4or 5+)	Lahoro	r -		Con	struction
e filed al Hygi other	BeC	17. Fether's Neme (First, Middle, Last)	0	POPOLE	18. Mother's Nar	ne (First, Middle, A	Meiden Surneme) , act (01)
2 should be and Mantal Is merked o	To	William	Green		Moz	relle	Sal	llev
and and seum		19a. Informent's Neme/Relationship (Ty)	Maughter	19b. Meiling Address (Stre	et and Number or Ru	iral Route Number	City or Town, S	State, Zip Code)
of Health item 27		20e. Method of Disposition	reell	Place of Disposition (Name of	rrollto	n Ave,	2 Bal	to, Md. 21217
Peges nant of h		1 Buriel 2 □ Cremation 3 □ R		semplery, crematory or other p	(ece)	2/25/00	/	City or Town, State
DCALLINGTE, Demit. Peges 1 a Department of Hee Important: If item any injury or othe once.		4 Donetlon 5 Other (Specify) 21. Signetym of Funeral Service Unense	0 0	22. Neme end Add	Iress of Facility	193/41/2	ansa	owne, Ma.
Demit. Departimport		D (loso pk	4 Kin	11 Joseph	L. Rus	s Fun	eral	Home
_		23a. Pen / Enter the di /, or compli shoul or heart fei / List only on	cetion that caused the deet	h. Do not enter the mode of d	ying, such es cardiac	or respiratory arre	Bal-	to-Md, Z/Z/9 Approximate
Physician		should be meant tell and clist only on	e ca <i>u</i> se on eech line.					Intervel Between Onset and Deeth
/Medical Examiner		Immediate Ceuse (Finel disease or condition	Arterioscle	erotic Cardi	ovacoula	r Dicos	000	
LAGITUTE		resulting in death) a		or es e consequence of):	Ovuscult	T DISEC	136	
pei nsit	Examiner	a b		,				
icate be executed physician and s the buriel-transit	Exa	Sequentielly list conditions, if any, leading to Immediate ceuse. Enfer Underlying	Due to (d	or es e consequence of):				
	cal	Cause (Diseese or Injury that Initiated events	Due to (o	r es e consequence of):				
ntificat ng phy a as th	Med	resulting In deeth) Lest						
attanding for usa	lan	d						
law requires that the death certificate es been signed by the attending physical schoold be deteched for use as the	Physician/Med	Part II. Other eignificent conditions con-	ributing to death but not res	ulting in the underlying cause	given in Pert I.	23b. Did to	bacco use conf	tribute to the ceuse of death?
that the ed by						1 □ Ye	s 2□ No	3 Probably 4 Unknown
uires th	d by		-			24e. Wes er	eutopsv	24b. Were autopsy findings
shot	Completed					INSPEC	ned?	available prior to completion of cause of death?
E 0 - 0	J W						s 2010	1 ☐ Yes 2 ☐ No
dicien: The cartificate	BeC	25. Was case referred to medical			26. Plece of Dec	ath (Check only one		10100 2010
- S w 0	10	examiner? 1 to Yes 2 □ No H	ospitel: 1 Inpatient 2	ER/Outpetienf 3 DOA	Wher:	lome 5 1 Reside		r (Specify)
har thi		27. Menner of Deeth 1 ☑ Neturel 5 ☐ Pending	28e. Dete of Injury (Month, Dey Year)	28b. Time of 28c. In this finite of the control of	ury et ork?	28d. Describe ho	w Injury occurre	bed
Par A sign	cati	2 Accident Investigation 3 Suicide 6 Could not be			☐ Yes 2 ☐ No			
Direct in by	Certification:	4 ☐ Homicide determined	28e. Piece of Injury - At he building, etc. (Specify	ome, ferm, street, factory, offic y)	9	28f. Location (Str City or Town	reet end Numbe , Stete)	er or Rural Route Number,
To the Hospital within 24 hours To the Funeral D complataly filled		29e. Certifier 1□ Certifying Physi	cian: To the best of my know	wledge, death occurred et the	time, date and place	, end due to the ce	use(s) and men	nner as stated
n 24 h	edical	(Check only 2 Medical Exemin	er: On the basis of exemine end menner steted.	tion end/or Investigation, in my	opinion, death occu	rred et the time, de	te end plece, er	nd due to the ceuse(s)
To the To the Comp	Σ	29b. Signature end title of certifier	1	29c. Lice	nse number	29	d. Dete signed	(Month, Day, Year)
		Atysh /	Vlac	US MO O.	C.M.E.	नम	BRIIARV	21,1997
	1							

State Registrar STEPHEN R. RADENTZ MD.

31. Date filed (Month, Day, Year)

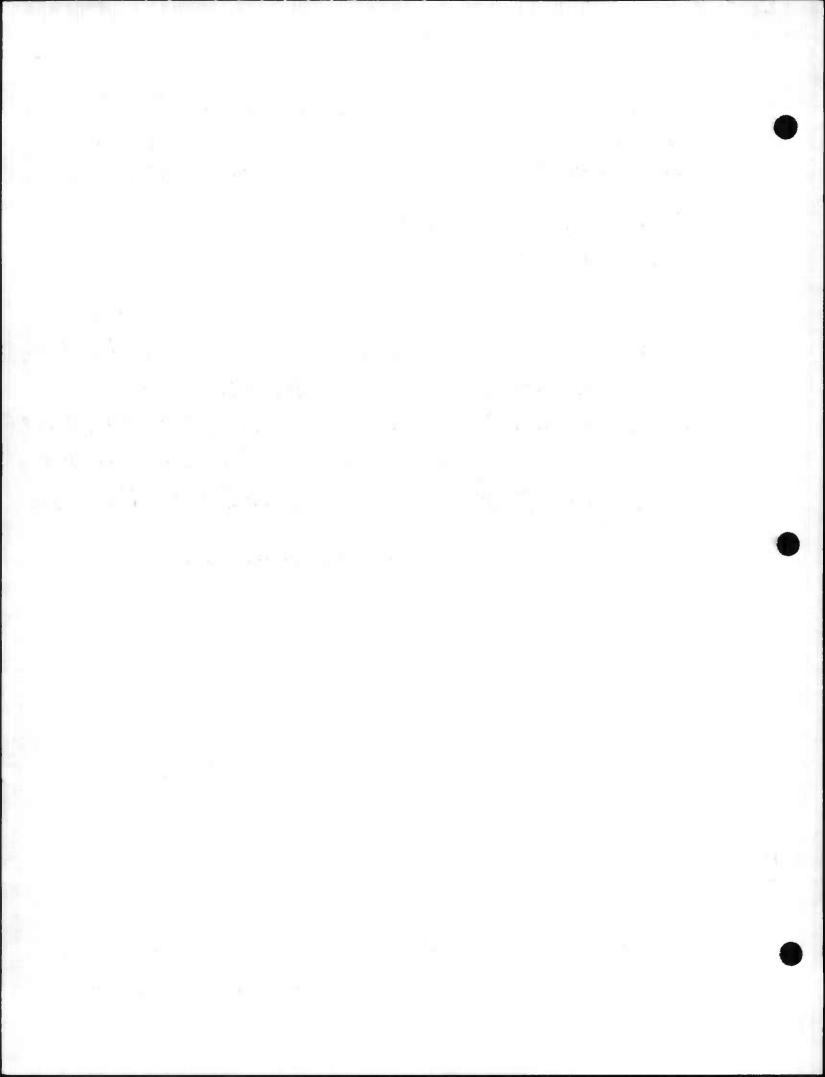
12. Reg

13. Date filed (Month, Day, Year)

14. Date filed (Month, Day, Year) MD. 111 Penn Street, Baltimore, Maryland 21201

32. Registrer's Signeture

32. April doon-Randelle



State of Maryland / Department of Health and Mental Hygiene 97 05480

					Cei	rtificate	of L	Death		-	Reg. No.		0070	, 0
¹⁰ Dhuniaia		1. Decedent's Name (First, Middle, L	,							2. Date of Dec	eth Day	Year	3. Time of	Death
Physicia /Medica			Gigliot							Februa		1997	4:30	am
Examine		4a. Facility Name (If not institution, g	ive street and nun	nber)			4			cation of Death		nty of Death		
		2609 Ailsa Aver							imor			/A		
Funeral			Sex 1 □ M 2 1 F	7. Age (in yrs. last		If Under 1 Months	Year Days	If Under Hours	24 Hrs. Min.	8. Date of Birt (Month, De	h y, Year)	9. Birth	piace (State or ntry)	Foreign
Director		215-50-4473 Usuai Residence of Decedent		86	Yrs.					February	8, 191	1 11	tály	
and and		10a. State 10b. County		10c. City, T	own or Lo	cation							10d. inside Cit	y Limits
Mary	Po	Maryland N/A	Ą	Ba	altim	ore							1 X Yes	2 No
28s	Director	10e. Street end Number				10f. Zip C	ode				10g. Citizen o	of Whet Cou	intry?	
72 hours after death with the Maryland naturel', or items 23s or 28ef show dital Ezaminel must be notified at		2609 Ailsa Av	/enue				214				-	ed Sta	,	
death 2	Funeral	11. Maritai Status	12. Was Dece	dent Ever in U,S.	13. \	Was Decede	nt of Hi	spenic Ori	gin? (Spe	ecify Yes or No Rican, etc.)	14. R	aca - Ameri		
or ite		1 Never Married 2 Married	Armed For	2 No					n, Puerto	Rican, etc.)		lack, White,		
ef. o	by	3 🕅 Widowed 4 ☐ Divorcad	If Yes, Give Yeer or De	e etes:		1□ Yes 2(X No	Specify:			Spec	://y: Wh	ite	
n 72 hours "naturel".	Completed	15. Decedent's 8 (Specify only highest g	Education	1	6a. Deced	dent's Usuai	Occupa	ition	t of worki	ina	16b. Kind of	Business/Ir	ndustry	
c * 6	du	Elementary/Secondary (0-12)	College (1-	-4or 5+)		kind of work DO NOT use			Or WORK	''g				
filed within Hygiene.	Co	4				Homema	iker				Own I			
to b	Be	17. Father's Name (First, Middle, Las								(First, Middle,		ame)		
should be filed and Mentel Hygi marked other umetic event,	70	Michael Gianz							lore		ordano			
2 8 8 8		19a. Informant's Name/Relationship		Son		ng Address (Albei				Al Route Numbe	ngton,		1980 (p. Code)	18
1 and 1 Heelth em 27		Mr. Dominick Gigl 20a. Method of Disposition	1011 /			sition (Name		le ku	au	Date	20c. Locatio			,0
60_		1 ⊠ Buriai 2 □ Cremation 3		State	etery, crer	natory or oth	er placi							
t. Pertrant	-	4 Donation 5 Other (Spec	* *	- Sur		Redeemer	_			/28/97	Baiti	more,	Maryla	ma
permit. Peg Depertment Important: It any Injury o		21. Signeture of Funeral Servica Lice	ensee Mgl.K	T. Zavoy	11d 22	Leona	Addres rd	s of Facilit	ck.	Inc.				
		Mande 1. On	gne_			5305					timore	, Md.	21214	
		23a. Part1. Enter the disease, or cor shock, or heert failure. List only	nplications that ca y one cause on ea	used the death. [ach line.	Do not ent	er the mode	of dying	, such as	cerdiac o	or respiratory a	rrest,		Approximate interval Betw	reen
Physician /Medical		Immediate Course (Final		11.1	0		/			A.		1	Onset and D	eatn
Examiner		Immediate Cause (Finei disease or condition resulting in death)	a	170ag	PRI	NS	X	yr	ny	nor	na	-		
	<u>a</u>			Due to (or as	e consec	quence of):		U						
uted insit	Examiner		b			1						<u> </u>		
n end ial-tra	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		Due to (or as	a conseq	quence oi):						1		
e be bur	cal		C	Due to (or es	a consen	neace off.								
certificete be executed ding physician end ise as the burial-transit	Medical	resulting in deeth) Last		Due to (01 93	a oonsoq	deride orj.						i		
n cer nibne use			d									<u> </u>		
that the death of by the etten detached for u	Physician	Part II. Other significant conditions	contributing to dea	ath but not resultin	g in the u	ndertying cau	ıse give	n in Part I		23b. Did	lobacco use	ontribute f	to the cause o	f death?
that the ed by the detache	Å,									10	Yes 2 No	3 □ Pro	bebly 42	Jnknow
	by												/	
been sign should be										24a. Was	an autopsy	8\	Vere autopsy fi velieble prior to)
hes be	pie											of	ompletion of ca death?	iuse
The I	Completed									101	res 2 No	1	□Yes 201	No
	Be	25. Was case referred to medical exeminer?						26. Place	of Deeth	(Check only	ms (/	
	9	1 Yes 2 No	Hospitai: 1 ☐ In	patient 2 ER	/Outpetien	nt 3 DOA	Othe	r: 4□ Nu	irsing Ho	me 5E Resid	dence 8 🗆 C	ther (Speci	ity)	
		27. Mannerof Death 1 ☑ Netural 5 ☐ Pending	28a. Date of (Month)	f injury 28 h, Day Year)	b. Time of injury	280	c. Injury Work	at ?		28d. Describe I	now injury occ	urred		
the ft	cat	2 ☐ Accident investigetic				М	1 🗆 \	/es 2 🗆 I	No					
Direct Jin by	Certification:	3 Suicide 6 Could not determined	288. Piece	of injury - At home g, etc. <i>(Specify)</i>	, farm, str	eet, fectory,	office			281. Location (S City or Tox		nber or Run	al Route Numb	oer,
To the Hospital of All within 24 hours the To the Funeral Direct completely filled in by														
within 24 hours To the Funeral completely filled	edical	29a. Certifier (Check only one) Certifying P Medical Exa	miner: On the bas	best of my knowled sis of examination	dge, death and/or inv	n occurred at vestigetion, in	the tim	e, date en inion, dea	d plece, of th occurr	end due to the ed at the time,	ceuse(s) and date and piac	manner as a e, and due i	stated. to the cause(s)	
the the	Š Z	29b. Signature and title of certifier	and mann	er stated.		290	icense	number			29d. Dete sig	ned (Month	Day Year)	
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10		PO Nome and add	11/	wer /	J	L	12	ムナ	1)	(UV)	7	~/20	17/	
		30. Name and eddress of person who	completed cause	of death (Item 23	(Type,	76	17	arh	nd	RA	, /3n	1+ 11	102	123
State	0	31. Date filed (Month, Day, Year)	32. Re	gistrar's Signature	10	,00	111	1	non	1000	Pa	W.I	40	0
Stati Registra		FEB 26 1997	Julia	Davidson-Ro	ndelle	E.								

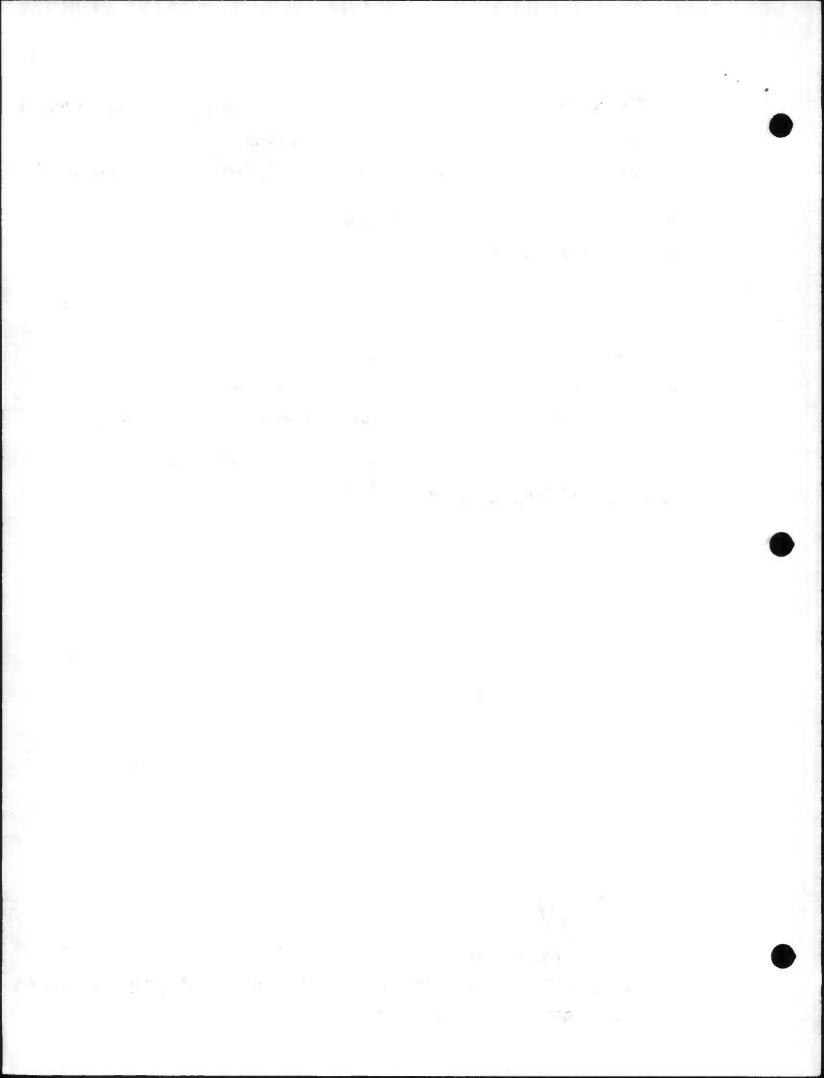
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Certificate of Death

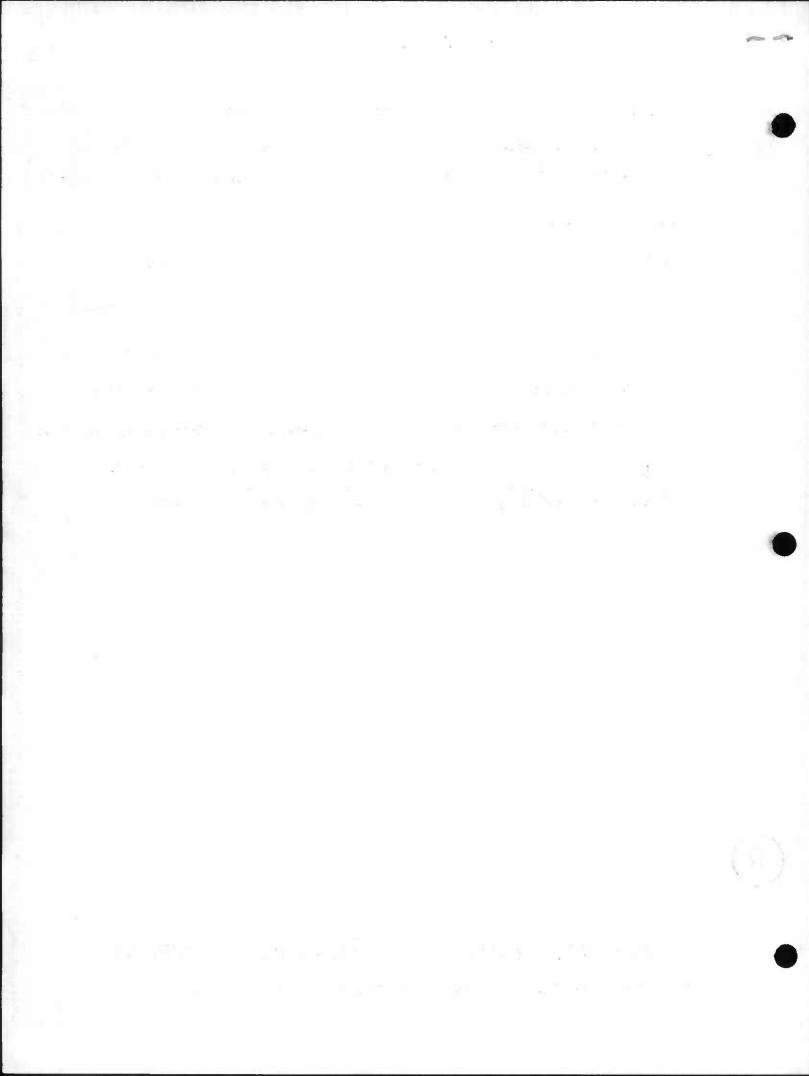
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1	Exami	ner	HOPKINS BAY V						TIMO			N/A	
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	Director		220-14-2152 Usuei Rasidance of Decedant	1 M 2□ F	71	Yrs.				12-7-	25	MAR	YLAND
	yand		10a. State 10b. County	 _	10c. City	, Town or Loc	ation					1	IOd. Inside City Limits
	the Man 28a-f sh notified	ctor	MARYLAND	N/A		BALTI	MORE						1√ Yas 2□ No
	07.28 06.728	Ore	10e. Street and Number		•		10f. Zip Code	,			10g. Citizen of	What Cour	ntry?
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	2 4 4	Funeral Director	11. Maritai Status 1 ☐ Never Married 2 ☐ Married	12. Was Dece Armed For	dent Evar in U,S rces?		as Decedant o Yas, specify C		rigin? (Spe n, Puerto f	cify Yes or N Rican, atc.)	o- 14. Ra Bis	ca - Americ ick, Whita,	
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d 21	Hygie ther	ပိ	8 YEARS 17. Fathar's Name (First, Middla, Last)		SILL	L WOR	7	er's Name	/First Middle	KEISE		UM.
lan	Mad o	To Be	RUDOLPH GINSKI						Y DR		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Maryland	M mar	-	19a. Informant's Name/Raiationship (ber, City or Town	, Stata, Zip	Code)
	and n 27		MR. LEON GINSKI	[T AVE	NUE	BALTO	. MD.	2120.	5
Baltimore,	or off		20a. Mathod of Disposition Disposition Cremation 3	Ramovei from S	Steta	matary, crem	ition (Nama of atory or other p		i i _	Data	20c. Location		own, Stete
Itim	artman ortant injury		4 ☐ Donation 5 ☐ Other (Special Signature of Funeral Service Lice)		ST.		NISLAU!		1	-24	BALTO.	MD.	
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			23a. Part1. Entar tha disaasa, or com	plicetions make	aused tha daath		25 FLE	EET S	T. B	ALTO.	MD. 2	1224	Approximate
F	hysician		shock, or haart failure. List only	ona cause onles	ach lina.			,			1900	Ì	Approximate Interval Batween Onsef and Death
20	/Medical	Н	Immediata Cause (Final disease or condition		Hypox	enia						1	24 hours
	Examiner	Ų,	rasulting in daath)		Due to (or	as a consequ	uance of):						. \
	nsit	Examiner	•	b	Aspiral		eumoni	9				1	+ deys
ć	certificate be executed nding physician and use as the burlef-transit		Sequantially list conditions, if any, laading to immediata causa. Enter Underlying Cause (Diseasa or injury that initiated events	C .		as e consequ		4					12 months
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P.O.	v requires thet the death been signed by the atte should be detached for	Completed by Physicia	Part II. Other significant conditions of	Λ.	ath but not rasu	iting in the un	darlying causa	given in Part	I.	7	/	ontribute to	the cause of death? bably 4 □ Unknown
S, P	and the det	by P	Gustpinlestine!	Bleeding						19	Yes 2 No	3 10	bably 4 Oliknowi
brd	equire en si	ted	Clodidia Diff.	de C	olitis-					24a. Was	s an autopsy omed?	av.	ara autopsy findings allabia prior to
ec.	2 S 9	nple	CIPATION SAIN	CITE C	D 11 1/35							of	mplation of causa death?
E I	certificate hes rector, page 2									185	Yas 2□No	10	Yes 2□ No
VIII :	Physician: rthis certific ral director,	o Be	25. Was casa rafarrad to medical axaminar?	Hospital:			-2	When		(Check only			
Division of Vital Records,	eral di	n: To	1 ☐ Yas 20 No 27. Magnar of Death	28a. Date of	f Injury	R/Outpatient 28b. Time of	3 DOA 28c. In	4 L N			how Injury occu		y)
ion	ath. vr: Aft	Certification:	1 Natural 5 Panding 2 Accidant invastigation	n	n, Day Year)	Injury		onk7 □Yes 2□	No				
N N	fler de lirecto	rtffic	3 ☐ Suicida 6 ☐ Could not b 4 ☐ Homicide datarmined	28a. Place	of Injury - At hor	me, farm, stra	at, factory, offic	0	2	81. Location City or To	(Street and Num own, Stata)	ber or Rura	al Routa Number,
	to the prospute or Attending Physician: the in- within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	Ce	29a. Certifiar Proceeding Ph	Atolog, Ye the b	ha at at any language	de de colonia		Alexandra de Alexandra					
	Fun jetely	edical	(Check only one) 2 Medical Exam	mician: To tha t mor: On tha bas and mann	sis of examinati	on and/or inva	astigation, in my	rime, date ar opinion, dat	ath occurre	nd dua to the d at the time	date and place,	anner as s and dua to	tated. o tha causa(s)
	withir To th	Me	29b. Signature and afficient contition	4			29c. Lice	nse number			29d. Dete signo	ed (Month,	Day, Year)
	6		18 11 V	(N	Dn		Res	-00	00	1	Tehnery	20	1997
	INK		30. Nama and address of person who				rint)	-e-1	\ \ \ \ \	1.	11	1 1	1997 Himore, Ml
	1 / / /		Benjamin 1). I	richon	MD .	Towe	J- 110	John	n Ho	phins	Hospita	1 130	altimore, Ml
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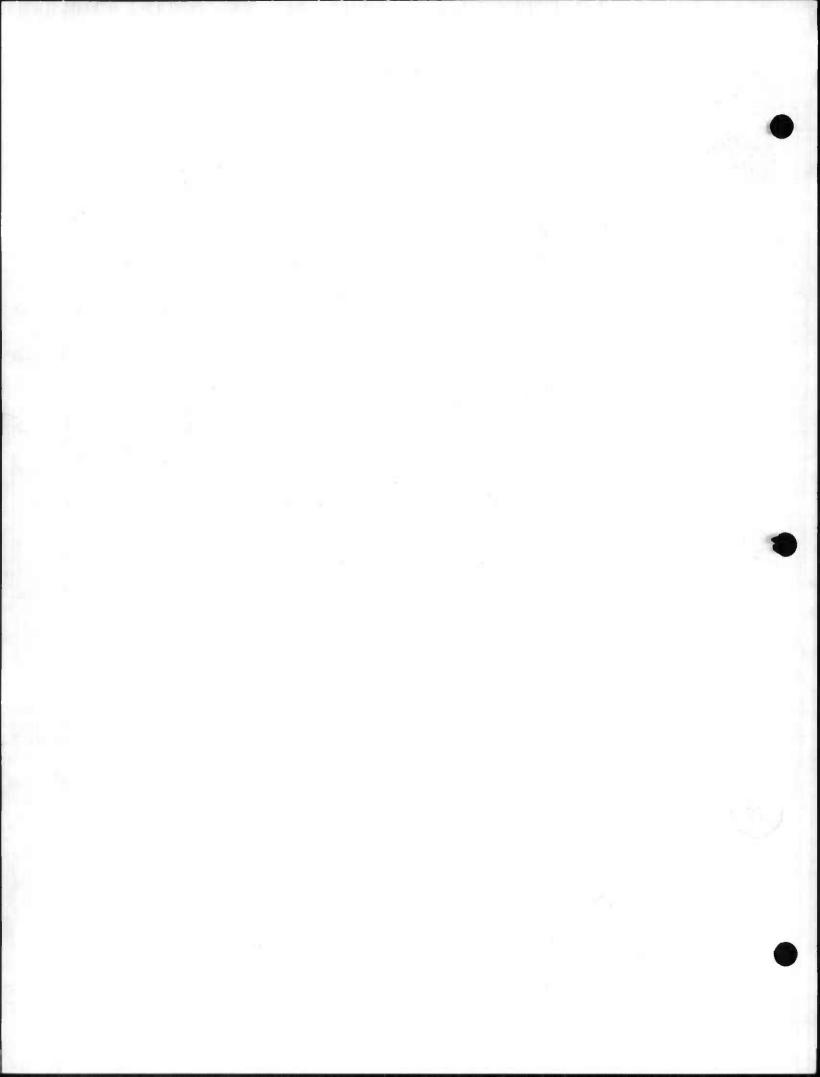
						Ce	rtificat	e of	Death	1		Reg. No.		
			1. Decedent's Nama (First, Midd	da, Last)							2. Data of De	eath	2330	3. Tima of Death
	Physic		ELEANOR			CI	REEN				Februar	Day 20	1997	9: 40 p.m
	/Medi Exami		4a. Fscility Nama (If not institution	on, giva street and	l number)	G1	XEEN		4b. City. To	own, or L	ocation of Deal		ty of Death	
7	cxamii	ner	The second secon	THE CONTRACTOR										
			Stella Mar: 5. Social Security Number	6. Sax		s. last birthday	If Unda	r 1 Yaa	T If Under	OWSO 24 Hrs.	N 8. Data of Bi		Baltim	
	Funeral		218-07-4904	1 M 2 X	F	34	Months	Days		Min.	(Month, Di	ay, Year)		placa (Stata or Foreign ntry)
	Director		Usual Rasidance of Decedant		83						June 2	23, 1913	3 Ma	ryland
	pue **		10a. Stata 10b. County	y	10c.	City, Town or L	ocation						1	10d. Inside City Limits
	show	5		- 1									,	1X Yas 2 No
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Director		N/A		Balti					1			
	5 6	ä	10e. Street and Number				10f. Zip	Coda				10g. Citizen o	What Cour	itry?
	23 P	rai	2826 Lake Av	zenue				212	213			U.S.A.		
	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or items 23s or 28s-f show ther than Medical Examiner must be notified at	Funerai	11. Marital Status	12. Was I	Decedant Evar in d Forces?	U,S. 13.	Was Dece	dant of cify Cul	Hispanic Or ban, Maxica	rigin? (Sp n. Puarto	ecify Yas or No Rican, atc.)		ace - Amaric	
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00	ours	l by	3. □ Widowed 4 □ Divorce		or Datas:		1 🗆 1 83	2367 140	Specify	•		Spec	"y: Wh	ite
21215-0020	"natural", or	Completed	15. Decedar (Specify only highs	nt's Education	ad)	16a. Dece	dant's Usu	al Occu	pation during mos	et of word	laa	16b. Kind of	Businass/In	dustry
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b	e de la la la la la la la la la la la la la	Be	17. Fathar's Name (First, Middla	, Last)					18. Moth	ar's Nam	a (First, Middle	, Maiden Sume	ıma)	
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3	d 2 should th and Mer 7 is marke traumatic	-	19a. Informant's Name/Ralation	ship (Type, Print)		19b. Mall	ing Addrass	S (Stree				per, City or Tow		
_	and 2 n 27 ls		Eleanor C. S		/D									
Baltimore,	+- £ £ 5		20a. Mathod of Disposition	curerer		Place of Disp	osition (Na	ma of	1 Ave	nue_	Balti Data	more, N	laryla	nd 21206
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Ë	tant jury		4 Donation 5 Other (S	t. Star					24/97	Baltin	ore,	MD
Sal	permit. Page Department of Important: If eny Injury or once.		21. Signature of Funaral Sarvice	Licensee	-	2	2. Nama ar	d Addr	ass of Facil Mille	ity T.	na			
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			23a. Pari L Entar the disaasa, o shock for haart failura. Lis	r complications th		ath. Do not an							110	Approximata Interval Between
	Physician		Show to heart latters. Lis	Tonly ona cause	on aacri iina.								1	Onset and Death
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68760,	erificate be executed ling physician and sas the burial-transit	Medical	that initiated evants rasulting in death) Last		Dua fo	(or as s conse	quance of):						i	
9 x	ing p	Z.		L,									1	
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	tha death certificata be axecuted y tha attending physician and ached for usa as the burial-transit	Physician	Part II. Other eignificant conditi	ons contributing f	o death buf not r	asulting in tha u	inderlying o	ausa g	ivan in Part	1.	23b. Dld	tobacco use o	ontribute to	o the cause of death?
О. О.	that tha de led by tha a datached	Ť,									10	Yes 200 No	3 □ Pro	bably 4 Unknow
	es the	by F												
ĕ	requires that seen signed b hould be dete										24a. Was	an autopsy	24b. W	ara autopsy findings
8	v require been si should	Completed									perf	ormed?	00	railable prior to empletion of cause
Re	The law ata has b page 2 si	mp											Off	death?
<u>e</u>											1 🗆	Yas 2 No	10	☐Yas 2☐No
=======================================	Physician: The this cartificata ral director, par	Be	25. Was casa refarred to medica axaminar?						10.45	e of Deet	th (Check only	ona)		
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-		on:	27. Mannar of Death 1 Netural 5 ☐ Pendi		ata of Injury fonth, Day Year)	28b. Tima o Injury	of 2	28c. Inju	ry at		28d. Describe	how injury occ	bernu	
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Vis	No.	iffic	3 ☐ Sulcida 6 ☐ Could 4 ☐ Homicida detam	nined 288. Pl	ace of Injury - At	homa, farm, sf	reet, factor	y, office			28f. Location	(Street and Nur wn, Stata)	nber or Rura	al Routa Number,
5	9 4 5	Certification:	T I TOMOGR	Di	uilding, atc. (Spe	UIIY)					Only of 10	wii, Siaia)		
	aplta noun		29a. Certifiar 1 Certifyio	ng Physician: To	tha best of my k	nowledge, daat	h occurred	at tha t	ima, data ar	nd placa.	and dua to tha	causa(s) and r	nannar ss s	tated.
	Pu Pu Pu Pu Pu Pu Pu Pu Pu Pu Pu Pu Pu P	edicai	(Check only 2 Medical one)	Examiner: On the	a basis of axami	nation and/or in	vastigation	, In my	opinion, das	ath occur	red at tha tima,	data and place	, and dua to	tha cause(s)
	To the Hospi within 24 hou To the Funer completely fill	Me	29b. Signature and titla of certifie				296	c. Lican	sa number			29d. Data sign	ned (Month.	Day, Year)
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	/		30. Nema and addrass of person	who complated o	ausa of daath (It	em 23e) (Type,	Print)					-		
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State of Maryland / Department of Health and Mental Hygiene

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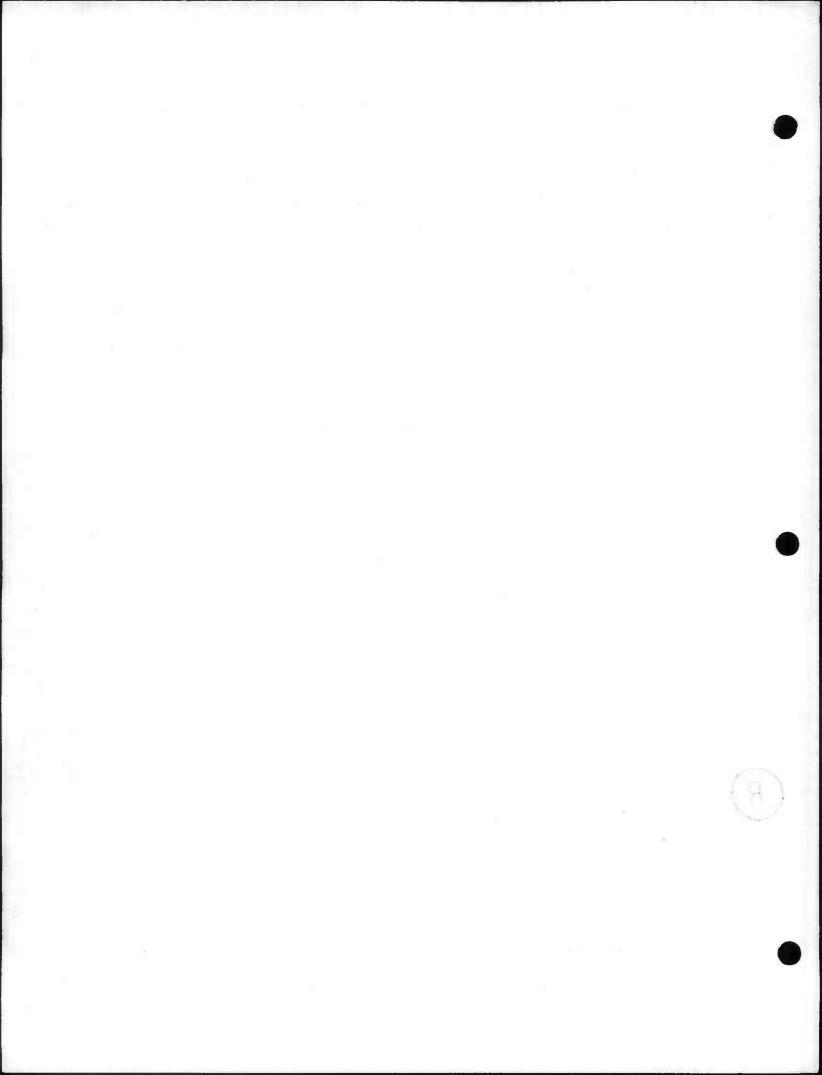
				Certificate of Death	Re	g. No.	00400
	Observator		Decedent's Name (First, Middle, Last)		2. Dete of Death	1	3. Time of Death
	Physici /Medi		Donald Eric Harr	is	Month	15 1999	7 5.00PM
	Examir		4a. Facility Name (If not institution, give street end number)	4b. City, Town, or Lo	ocation of Death	4c. County of Dea	th
1			2806 Garrison Ave	Baltin	none	NIA	
Г	Funeral		5. Sociel Security Number 6. Sex 7. Age (In yrs. last bit	thdey) If Under 1 Yeer If Under 24 Hrs. Months Days Hours Min.	8. Date of Birth (Month, Day,	Year) 9. Bird	thplace (Stete or Foreign
Ł	Director		214-86-4112 1742DF 38	Yrs. Months Bays Hours Will.	8/27	11958 W	aryland.
	put		Usual Residence of Decedent 10a. State 10b. County 10c. City, Tow	n or Lecation			
	anyle sho	5		4.5			10d. Inside City Limits Yes 2 □ No
	Ne N	Directo	Maryland NA 13a1	timore			
	with	급	10e. Street and Number	10f. Zip Code	10	g. Citizen of What Co	ountry?
	s 23	era	11. Marital Status 12. Was Decedent Ever in U.S.	d d S		451	7
	Herr	Funeral	11. Marital Status 12. Was Decedent Ever in U,S. Armed Forces? 1 Never Married 2 Married 1 Yes 2 No	 Was Decadent of Hispanic Origin? (Sp If Yes, specify Cuban, Mexican, Puerto 	Rican, etc.)	14. Raca - Ame Bleck, Whit	
20	f, or	by		1 ☐ Yes 2 No Specify:		Appeily:	0.000
21215-0020	filed within 72 hours effer deeth with the Maryland Hygiene. ther than "naturel", or Nema 23a or 28a-f show brt, the Medical Examinet rough be notified at	P	15. Decedent's Education 16e.	Decedent's Usual Occupation	11	6b. Kind of Business	merican
215	hin 7	Completed	(Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+)	(Give kind of work done during most of work life. DO NOT use retired)	ing	0	1 1 .
2	filed with Hygiane ther thai	E O	H	ome Improver	nent	Con:	struction
D	office at Hy	Be	17. Father's Name (First, Middle, Last)	18. Mother's Name	First, Middle, M	leiden Surneme)	
Va	should be nd Mental marked o	To	tari tads	Ann	a M.	Harri	S
Maryland	2 sho end ls me			. Mailing Address (Street end Number or Run	al Route Number,	City or Town, State,	Zip Code)
_	ss 1 and 2 should be filed within 72 hours efter deeth with the Marylan of Hasith end Mental typiane. Item 27 is marked other than "naturel", or items 23a or 28a-f show other traumatic event, the Medical Examer or that the notified at		Mrs. Anna M. Andre 29	306 Garrison	Aue. t	Salto. N	11.21215
more,	Pages 1 nent of H int: If iter iry or oth		20a. Method of Disposition 1 Burlal 2 Cremation 3 Removal from State 20b. Placa of camere.	Disposition (Neme of ry, cremetory or other place)	2/1/	Oc. Location - City or	Town, State
E	. Pag men tant: jury		4 Donation 5 Other (Specify)	nmount Crematory	121/97	Balto.	Md.
Bai	permit. Page: Department of Important: If i eny Injury or ence.		21. Signature of Funerel Service Licensee	22. Name and Address of Facility	Luna	-1 1/2	
	00500		Jaseph I. Kuss	2222 W. North	Ave. F	Salto N	8.21216
			23a. Part Enter the disease, or complications that caused the death. Do shook, or heart failure. List only one cause on each line.	not enter the mode of dying, such es cardiac	or respiretory erre	st,	Approximate Interval Between
2	Physician		,				Onset and Death
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	DASTING SYN	Upro	ME	lyear
		-		consequenca of):	0 1		
	uted insit	Examiner	b. Dissemin		fectio	W	Lyears
Ć	tificate be executed ig physician end as the buriel-trensit	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	consequence of):		1	
68760	se be	edical	that initiated events	consequence of).			syears.
	ertificate be executed ling physician end se as the buriel-trensi	/Med	resulting in death) Last	37,		1	O .
Box	0 8 0		d			1	
0	0 0 0	Physician	Part II. Other significant conditions contributing to death but not resulting in	the underlying cause given in Part I.	23b. Did tob	ecco uae contribute	to the cause of death?
<u>Ч</u>	The law requires thet the ate has been signed by the paga 2 should be datache	Ph)			1 □ Ye	2000 3 P	robably 4 Unknown
Records,	signe bed	by				, ,	
0	requ	Completed			24a. Was an perform	ed?	Were autopsy findings evailable prior to completion of cause
Sec	has b	du					of death?
	The cate				1 ☐ Yes	2 No	1□ Yes 2 No
Vita	D	Be	25. Was case referred to medical examiner? Hospital: Hospital:	26. Place of Deatl	(Check only one)	
ğ		: To	1 Inpatient 2 ER/Ou		me 5 Resider 28d. Describe how	nca 6 Other (Spen	city)
ç	B Wall	tion		Time of njury at Work? 1	A 1	A	
Division	after death Director: A in by the h	fica	3 Suiside 6 Could not be		28f. Location (Stre	eet and Number or Ru	ural Route Number.
á	al or A safter I Direct	Certification:	4 Homicide determined determined 28e. Placa of Injury - At home, fa building, etc. (Specify)		City or Town,	Stete)	
	To the Hospital or I within 24 hours after To the Funersi Direct Completely filled in E	cal	29a. Certifier 1 Cartifying Physician: To the best of my knowledge (Check only 2 Madical Examiner: On the basis of examination and	, death occurred at the time, date and placa,	and due to the car	use(s) and manner as	stated.
	the Him 24 the Fi	edical	(Check only one) Madical Examiner: On the basis of examination an and manner stated.	d/or investigation, in my opinion, death occurr	ed at the time, dat	te and place, and due	to the cause(s)
	To To	Σ	29b. Signature end title of certifier	29c. License number		d. Date signed (Monti	h, Day, Year)
			Andry 16 Mayrer, "	no D3097	/	424	177
	1		30. Name and address of person who completed cause of feath (Item 23a)	Type, Print)	0	Α	0 11
	U		Singi Hospital, Hoff berge 31. Dete filed (Month, Dey, Yeer) 32. Registrar's many	r17 2435 W	Belve	edere A	ve Baltimo Md. 21215
	Sta Registr		FEB 2 6 1997	•			md.21215
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

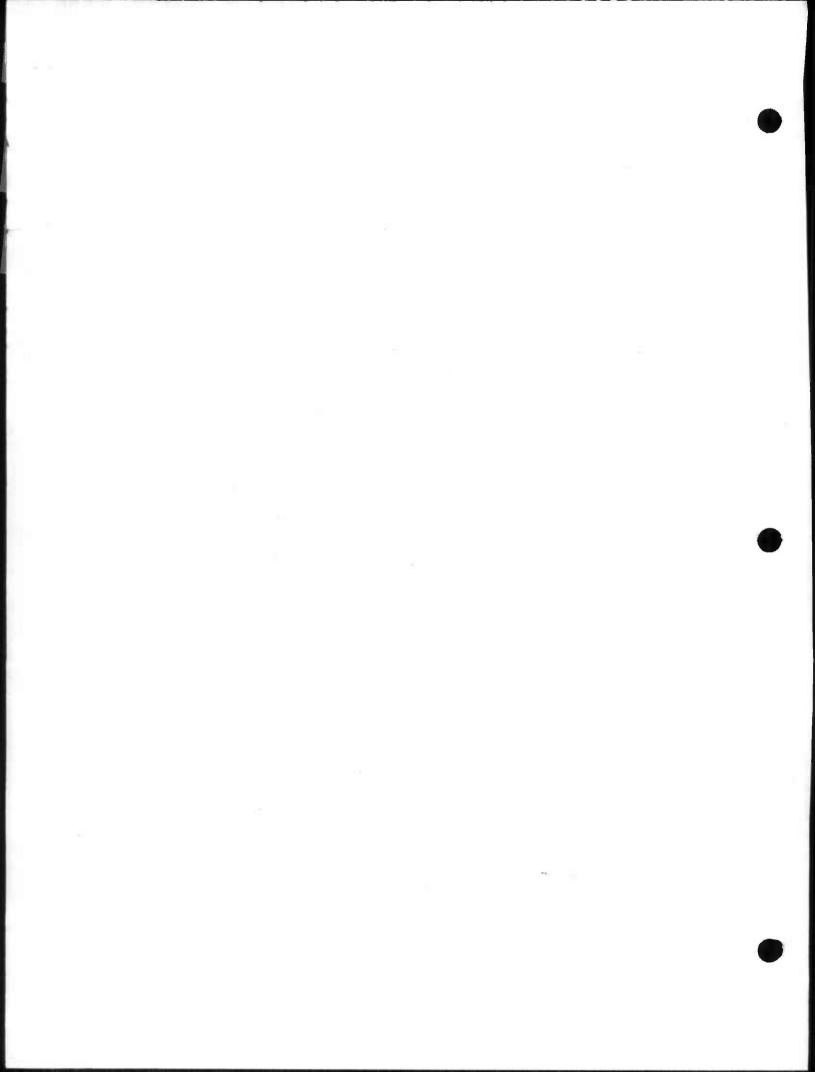
State of Maryland / Department of Health and Mental Hygiene 97 05484

				Certifica	te or	Death		Reg. No.			
Dharais		Decedent's Name (First, Middle, Last)						2. Dete of Death Month Dey Year 3. Tim			
Physic /Medi		SHARON	Н	OLI	MES	FEB	14	477	6:02 A		
Examir		4a. Facility Name (If not institution, give street at	nd numbar)				r Location of Dea		of Death		
		GOOD SAMARITAN	HOSPITA	46		BALT	TIMORU	E N	/A		
Funeral		5. Social Sacurity Number 6. Sex	7. Age (In yrs. last	birthday) If Under	or 1 Yaar Days			irth	9. Birthpl	aca (State or Foreign	
Director	н	218-58-4605 10M 28	46	Yrs.	Days	Tiodis III	Dec 6	1950	Count	a a	
		Usual Residence of Decadent 10a. Stata 10b. County	100 Ch. T	own or Location		-			Ta		
72-002.0 72 hours after death with the Maryland "neturel", or items 23s or 28s-f show potest Exercises must be notified at	<u>_</u>	No. State	0						10	od. Inside City Limits 1 ☑ Yes 2 ☐ No	
	Director	Ma N/A	15al	timoro							
		10e. Street and Number	1	10f. Z	p Code	0.0		10g. Citizen of	What Count ∩	ry?	
	Funeral		oad		1 ~	39		.U.S.1	4.		
	- L	Arm	Decedent Ever in U,S. ed Forces?	If Yes, sp	ecify Cult	Hispanlc Origin? ≆an, Maxlcan, Pue	(Specify Yes or Norto Rican, etc.)	o- 14. Had	ce - Amarica ck, Whita, a		
O	by F	If Ye	Yes 2 ♥ No s, Giva r or Dates:	1 ☐ Yes	2 No	Specify:		Specif	y: DI	1.2	
for a	B	15. Decedent's Education		6a Dacadent's Lle	iei Occu	nation		16b. Kind of B	US CONTRACTOR	LCIC	
- 65	Completed	(Specify only highest grade comple	etad)	6a. Decedent's Use (Give kind of w life. DO NOT	ork done	during most of w	rorking	100. Kind of B	·	ustry	
Hygiena. rther than ant, the M	mo	Eiementery/Secondary (0-12) Coili	998 (1-40F5+)	Nurs.	AS	SSISTAM	+	Hosp	ital		
T S T		17. Father's Name (First, Middle, Last)					ama (First, Middl	a, Maiden Surnar	na)		
9 9 5	o Be	George Dans				Mary	4.11				
7 le marked traumatic e	1	19a. informant's Neme/Relationship (Type, Prin	r)	19b. Maiiing Addres	s (Stree			ber. City or Town	State Zio	Code)	
27 le		Mary Foster / Math	er r	158 Exc			= Baltin		212	19	
E		20a. Methed of Disposition	20b. Plac	e of Disposition (Na	me of		Date	20c. Location	City or Tov	vn, State	
t: H H y or o		1 D Buriai 2 □ Cremation 3 □ Removal 4 □ Donation 5 □ Other (Specify)	from State	etary, cramatory or	,	al Park	[h 10 100	Aich "	1	1	
Department o Important: If I any injury or once.		21. Signature of Funeral Service Licensea	HIL					HUW	M, M	Щ	
Depa Impo any i		Dalamin IA C	(21.0.	March	Fu	ess of Facility neral Itom	nc - Wrist		0121		
		Garrielle C	UPYO	4300	علمك	ash Ave	Balton	ore, Md	21213		
THE .		23a. Part1. Enter the disease, or complications shock, or heart failure. List only one ceuse	on each line.	Do not enter the mic	de or dy	ing, such as cardi	ac or raspiratory	arrast,	1	Approximate Interval Between Onset and Death	
/sician ledical	П	Immediate Cause (Final							1	onso, and obadi	
aminer	-	disease or condition resulting in death) a.	NEUMONI	A WIT	H	SEPS	15			3 DAYS	
	ē		·	e consequence of):				į		
nsit	두		105							3 YEARS	
al-tra	Examiner	Sequentially list conditions, it any, leading to immediate cause. Entar Underlying	Due to (or as	a consequence of):						
sicial bun		Cause (Disease or injury that initiated events Due to (or as a consequence of):									
ding physician and ise es the bunal-transit	edical	rasulting in death) Last	a consequanca or)	•				į Į			
nding use e	M	d									
	cla	Death Other death									
ed by the ette deteched for	Physician	Part II. Other significant conditions contributing	to death but not resultin	ig in the underlying	cause gi	ven in Part I.				the cause of death	
gned b	by Ph						_ 'L	Y## 2∐ No	3 Prob	ably 4 K Unknow	
od be							24e. We	s en eutopsy	24b. We	re autopsy findings	
should should	o Be Completed							formed?	ava	ilable prior to	
888										laath?	
36							1 🗆	Yes 2 No	1 🗆	Yas 2□ No	
1		25. Was casa refarred to medical examiner? Hospital:			Ot	h	eath (Check only				
10日	5 1	1 165 2 140		Outpatient 3□ D b. Time of	UA	4 LI Nursing	Home 5 Res)	
Atte	lo lo	1 Natural 5 ☐ Pending		8c. Injury at Work? 25 No.							
# # # # # # # # # # # # # # # # # # #	cat	2 Accident invastigation 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street City or Town, 5							Streat and Number or Rural Route Number, wn, Stete)		
in by	Certification:										
To the Funeral Direct complataly filled in by		200 Coddies de Coda Longo	a 7 1 2 1 9								
Fun	edical	29a. Certifier (Check only 2 Medical Examiner: Only 2 Medical Examiner: Only 2	he basis of exeminetion	dge, deeth occurred and/or investigation	at the ti	me, date and pla opinion, death oc	ce, end due to the curred at the time	ceuse(s) end m , date and piace,	anner es ste and due to	eted. the ceuse(s)	
To the Funeral Director	ĕ.	TOTAL CONTROL OF THE PARTY OF T						20d Date sinns	od (Month E	Tay Vagel	
F 8		I ayman Kote	11	29c. License number				29d. Date signed (Month, Day, Year)			
						10381		FEBRUA	ey 2	5,97	
,		30. Name and address of person who completed	cause of death (Item 23	e) (Type Print)							
6		A			10.		2 41	A -	4.00		
Sta		AYMAN KOTEISH -		CHRAVEN	BL	VP 1	BALTIMO	RE 1	10.	21239	



TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	
i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
he funeral director, page 5 should be detached ral.	TO THE-FLANERARIA, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 bours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
er death. Page 6 may be retained by the hospi	TOTIVE MOSTING OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within shours after death. Page 6 may be retained by the hospi	
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760.	

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.													
	1. DECEDENT'S HAME (First, Middle, Lest)	CERTIFICATE OF BEATH									3. TIME OF DEATH			
		dward	ward					MONTH DAY			YEAR			
	LEGITATIO	HADD							Feb. 22 19				10:00 AM M	
	The second of the second of	10-1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.			(Month, Day, Year)		Country))	
		Λ ,	3	tho.								1923 Maryland		
00	99. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR L													
2	30531 CREEK VIEW DRIVE PRINCESS ANNE SOMERSET										ET			
DIRECTOR	TOTAL TOTAL										10d. INSIDE CITY			
1 5	MARYLAND SOM	MERSET					S AN	LNIE				- 1	LIMITS?	
	10e. STREET AND NUMBER	ILIIOLI			UTIA		ZIP CODE			-	10 CITIZE	EN 05 W	1 YES 2 NO	
RA	20524 CDEEK VIE	LL DDTVE												
FUNERAL	30531 CREEK VIE	2. WAS DECEDENT EVI			1		2185						States	
[]	1 ☐ Hever Merried 2 ☑ Merried	FORCES? 1 D	ES 2 NO	ED	- 1	f yee, spe	cify Cuba	n, Mexicer	n, Puerto F	? (Specify Yea Ricen, etc.)	or No.— 1	4. RACE Black	- American Indian, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, OIVE WAR O	R DATES		1	1 YES	2 XNO	Specify	;*			Specif	White	
0	15. DECEDENT'S EDUCAT	TION	16a, DECI	EDENT'S	USUAL O	CCUPATIO	н		166	. KIND OF BUS	IMESS/INDI	STRV		
	(Specify only highest grade col		(Give	kind of v	vork done (e retired.)	during mos	st of workin	g		. All to Gr Boo		31111		
17	1.0	College (1-4 or 5 +)	Main	tena	ince	Fore	eman		I	Manufac	cturi	ng		
COMPLET	17. FATHER'S HAME (First, Middle, Last)						18 MOTE	HER'S HAN	ME (First 1	Middle, Maiden S	Purma ma l			
	Edward Harr							earl			Jonnemay			
H	19e. IHFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS	(Stenot or	ad Mumbae	or Dumi G	lauda Atumi	ber, City or Town	Chata Zin C	and a l		
2	Ruth Harr / Wife												MD 21853	
	20e. METHOD OF DISPOSITION		20b. PLACE AN							_				
	1 🖾 Burial 2 🗆 Cremation 3 🗆 Remove	al from State	cemetery, cremi	etory or of	her place!		me or	Tebru 26,]	lary		ATIOH — CI			
	4 Donation 5 Other posts	eser .	Glen H	avei			D ADDRES			Grei	Buri	nie,	Maryland	
	10012	0.			Ki	rkle	ey-Ru	iddi	ck Fu	neral	Home	, P.	Α.	
	(Joseph of Co				42	21 Cı	rain	Hwy.	., S.	E., G	len Bı	urni	e, MD 21061	
	23. PART I. Enter the diseases, or con shock, or heart fellure. Lis	mplications that cau	sed the deal	th. Do n	ot enter	the mod	de of dyl	ng, auch	aa cerd	llec or reapir	atory arre	nt,	Approximata	
	IMMEDIATE CAUSE (Finel	only one codes o	1			1							Interval Between Onset and Daath	
	immediate CAUSE (Fine) disease or condition resulting in death)													
	, and a second	DUE TO (OR	S A COHSEQU	ENCE OF	1			-pi		1				
z	Diabetes													
일	Sequentielly list conditions, If any, leeding to immediate													
⊴	CAUSE (Disease or Injury													
발	thet initieted events	DUE TO (OR /	IS A COHSING	EHCE OF):									
CERTIFICATION	resulting in death) LAST													
	PART II. Other algoliticent conditions of	contributing to deel	h but not rea	eulting i	n the un	derlylng	Couse C	olven in i	Pert I.	24a. WAS AH /	MITOPSY	24b.	WERE AUTOPSY FINDINGS	
CAL						7				PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MED	•								-	1 TES 2	NO NO		OF DEATH?	
	DID TODA CCO LICE CONTRIU		05.0547		- CT -								1 YES 2 NO	
PHYSICIAN:	DID TOBACCO USE CONTRIE	BUTE TO CAUSE					UNC	ERTAIN	1 [[]					
0	EXAMIHER?	HOSPITAL:	26. PLACE	T	OTHER		. /							
ΥS			Inpatient 2 ER/Outpatient 3 DOA 4 Hu				raing Home 5 Reeldence 8 🗆 C			Other (Specify)				
IFI	27. MANHER OF DEATH		28e. DATE OF IHJURY (Month, Day, Year) 28b. TIME OF IHJURY			28c. INJU WOI	RK?		28d. DESCRIBE HOW INJURY OCCURED					
1 - 1	1 Kin Matural 5 Dending	M 1 YES 2 HO												
				3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, 1ectory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, 1ectory, office City of Town State)										
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJ building, etc. (URY — At home Specify)	a, farm, a	treet, lect	ory, office		- 1	City	or Town, Stete)	na Number o	r nurer rs	oute Number,	
ED BY	2 Accident Investigation	28s. PLACE OF INJ building, etc. (URY — At home Specify)	a, farm, s	treet, lect	ory, office			City	or Town, Stete)	na Number D	r nureir n	oute Number,	
ED BY	2 Accident Investigation 3 Suicida S Could not be determined 29e. CERTIFIER (Check only)	building, etc. (Specify)					and dua	City	or Town, Stete)			oute Number,	
ED BY	2 Accident Investigation 3 Suicids 8 Could not be determined	AH: To the best of my k	Specify)	h occurre	d at the ti	ime, data	end placa,		City :	or Town, Stete)	ner as stated	1.		
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E COMPLETED BY	2 Accident 3 Suicides 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 1 29b. SIGNATURE AHD TITLE OF CERTIFIER 30. HAME AHD ADDRESS OF PERSON WHO A	AH: To the best of my k On the basis of examin	nowledge, desti	h occurre	of at the ti	ime, data	end place, eath occur 29c. LICE	EHSE HUM	to the cautime, dete	or Yown, Stete) rese(e) end man- and place, and	ner as stated I due to the 29d. DATE	I. ceuse(e) SIOHED	end manner as stated. (Month, Desertar)	
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BE COMPLETED BY	2 Accident 3 Suicida 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Constitution of the determined 29b. SIGNATURE AND TITLE OF CERTIFIER	AH: To the best of my k On the basis of examin	DEATH (ITEM	h occurre restigation 27) (Type,	of at the ti	ime, data	end place, eath occur 29c. LICE	EHSE HUM	to the cautime, dete	or Yown, Stete) rese(e) end man- and place, and	ner as stated I due to the 29d. DATE	I. ceuse(e) SIOHED	end manner as stated. (Month, Desertar)	



97 CI	7-0801 IP	- 5	ITEM:1 per DR.	Type or Print in State of Marylar	nd / Depa		of H	lealth and		giene	O ===	5486	
	BUCO		ITEM: 5 per FH G-745 3- 1. Decedent's Neme (First, Middle, Last		Oei	uncate	OI I	Death	2. Dete of De	Reg. No.	3.	Time of Deeth	
	Physic		EFREM	GERALD			HU	INTER	Month FEBRU	ARY 13	Year	10:26P	
	/Medi Exami		4e. Fecility Neme (If not Institution, give	street end number)				lb. City, Town, or				10.201	
	Alf 78		BON SECOUR HOS	SPITAL				BALTIMO	RE		NIA		
	Funeral Director		5. Social Security Number 6. Se 212-90-6223 Usuel Residence of Decedent	7. Age (In yrs.	lest birthday) 32 Yrs.	Months [Yeer Deys	If Under 24 Hrs Hours Min.	(Month, De	rth ey, Yeer) 24, 1964	9. Birthpiace Country) MARY	(State or Foreign	
	with the Maryland a or 28a-f show	Funeral Director	10e. State 10b. County MARYLAND N 10e. Street end Number	/A 10c. Ci	ity, Town or Loc			9LTIHO.	RE C		1,	side City Limits Yes 2 No	
	uth with the 23a or 28a	i Di		ANKLIN STRE		Tor. Zip Ci	ode	311.	2 3	10g. Citizen of			
	E 3 de	nera	11. Meritel Status	12. Wes Decedent Ever in U Armed Forces?		Ves Decader	nt of H	ispenic Orlgin? (S	pecify Yes or No	o- 14. Rec	usa - America <i>n</i> In	dien,	
215-0020	72 hours after "natural", or ite	by	1 Never Merried 2 Merried 3 Widowed 4 Divorced	1 Yes 2 No If Yes, Give Year or Detes:		Yes 2			o Hican, etc.)	Specify	ck, White, etc.	CK	
15-		lete	15. Decedent's Edu (Specify only highest grad	ucation le completed)	16e. Decad (Give I	ent's Usuel C	done d	etion during most of wor d)	rking	16b. Kind of B	usiness/Industry		
2	e filed withing the Hygiene. other than vent, inc. M	Be Completed	Elementary/Secondary (0-12) 17. Fether's Neme (First, Middle, Last)	Coilege (1-4or 5+)	AS	SEM	BL	/ _ / _ / / /8. Mother's Nar	VE me (First, Middle	COTT	ON FA	CTORY	
Maryland	should be nd Mentel marked o	To B	JEROME	ω	ILLIA			ERMI			TUNTER		
lan	2 should be shou		19e. Informent's Neme/Relationship (T)	ype, Print)	19b. Mailin	Address (S	Street	and Number or Ru	urai Route Numb	er. City or Town.	Stete. Zip Code)	
Baltimore, M	permit. Pages 1 and 2 should be filed will Department of Health and Mental Hygient Important: If Item 27 is marked other the any Injury or other traumatic event, the once.		ERMA HUNTS 20e. Method of Disposition 1 Buriel 2 Cremetion 3 F 4 Donetion 5 Other (Specify) 21. Signature of Funerel Servica Licens	Removel from State	cemetery, crem	etory or othe	or plac		Dete	20c. Location	- City or Town, S	tate	
	Physician /Medical Examiner	ner	23a. Pert1. Enter the disease, or complishock, or heert feilure. List only of Immediate Ceuse (Finel disease or condition resulting in deeth)	ne ceuse on each line.	m. Do not ente	TO RI	ot ctylin	g, such es cardiec	or respiretory e	errest,	Appr Inter Onse	oximete vel Between et end Deeth	
68760,	cete be executed physician end s the buriel-transit	dical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	Due to (or es e consequenca of): C									
x 6	ding p	/Med		d									
P.O. Box	that the death certificate be ed by the ettending physicla deteched for use as the bur	Physician/Medica	Pert II. Other significant conditions con	ntributing to death but not res	ulting in the un	derlying caus	se give	en in Pert I.		tobacco use co Yes 2 No		eause of death?	
of Vital Records,	requires been sign should be	Completed by							24e. Wes	an eutopsy ormed?	avalleble	on of cause	
R		mo							议协	¥es 2□No		2□ No	
ita		Be C	25. Wes case referred to medical				26. Plece of		Deeth (Check only one)		125 100		
>	S S D	To	examiner? 1 X Yes 2 No	lospital: 1 🗆 Inpatient	ER/Outpatient	3□ DOA	Othe	er: 4 Nursing H	ome 5□Resi	dence 6 Oth	ner (Specify)		
=	fe fe fe fe fe fe fe fe fe fe fe fe fe f	Certification:	27. Menner of Deeth 1 Neturel 5 Pending investigation	28a. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury at Work? 10:02PM 10:02PM					28d. Describe how injury occurred SUBJECT SHOT				
Divi	To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completely filled in by the fu		3 ☐ Sulcide 4 ☐ Homicide 3 ☐ Soulcide 4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide 5 ☐ Could not be determined 6 ☐ Could not be determined 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) ON STREET						28f. Location (Street and Number or Rural Route Number, 200) PMORE LANVALE STREET BALTIMORE, MARYLAND				
	n 24 hoi ne Fune pletely fi	edical	29e. Certifier (Check only one) 1 ☑ Certifying Physical Cartifying Physical Examination (Check only one)	niclen: To the best of my kno ner: On the basis of examine end menner steted.	wiedge, deeth tion end/or inve	occurred et to estigetion, In	he tim my op	e, dete end piece vinlon, deeth occu	, end due to the rred et the time,	ceuse(s) and ma dete and pleca,	end due to the c	ause(s)	
	withi To th	M	29b. Signeture end title of cartifier	h Nac	4m	0		· M · E ·		29d. Date signe FEBRUA	RY 14,		
1	Sta	te	30. Name end eddress of person who co STEPHEN S. RAD 31. Dete filed (Manis Dey, Year) FEB 2 6 1007	ENTZ M.D.]	111 Pe		re	et, Bal	ltimore	e, Mary	land 2	1201	

DHMH 16 Rev 6/95

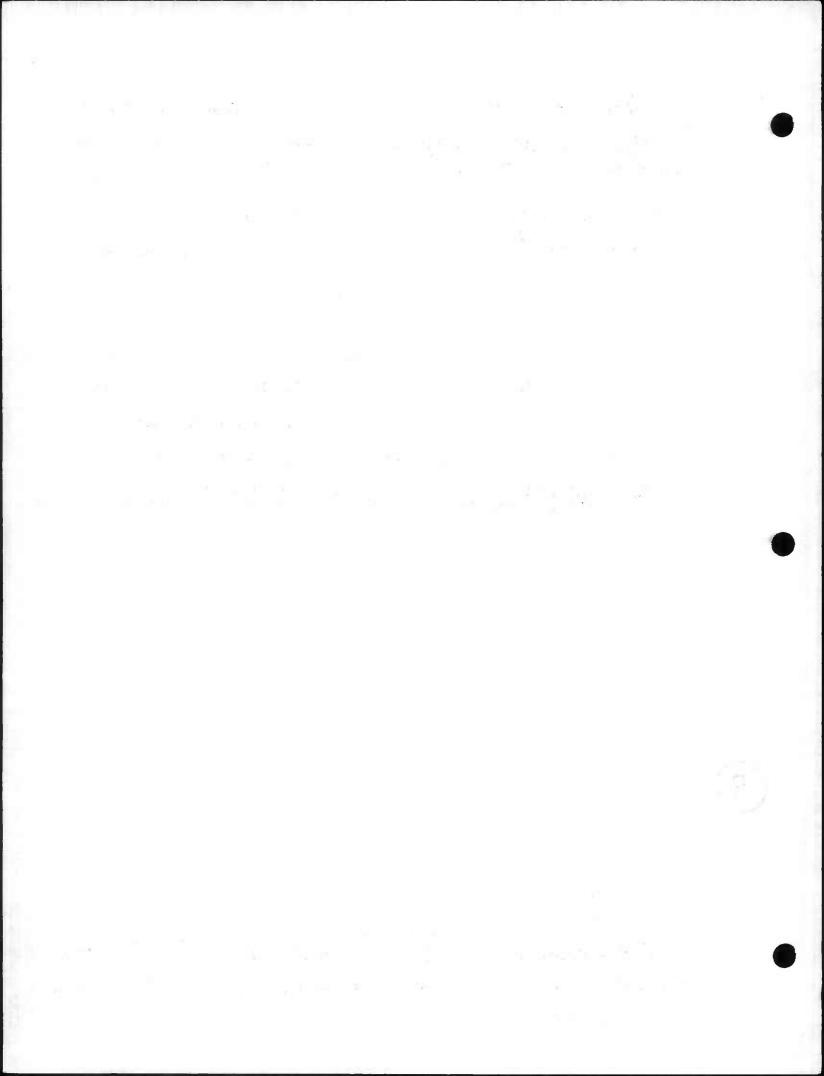
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State of Maryland / Department of Health and Mental Hygiene

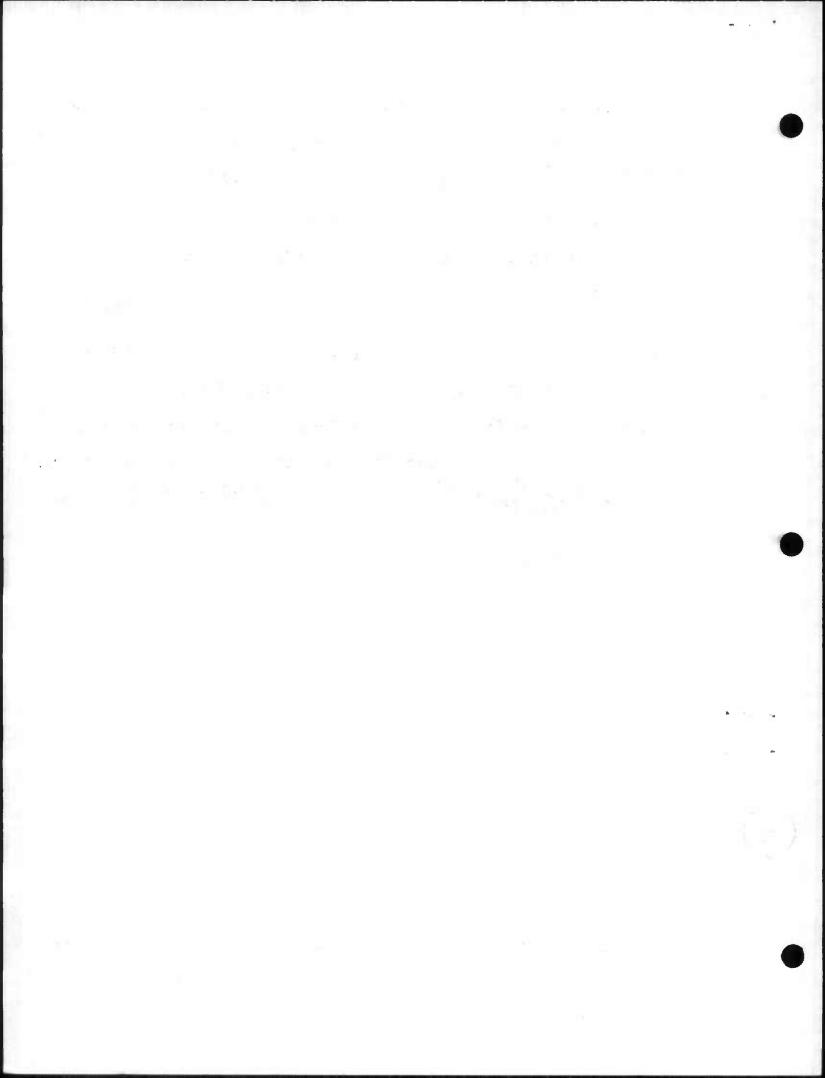
Certificate of Death Reg. No. 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3 Time of Death **Physician** Hal 12:45 AM teb /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Glen Bulling Hundar 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) | 8. Birthpiaca Country) | Sept. 10,1929 | New Hampshire Arundel vorth HOSPITA 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign **Funeral** Months 1 ☐ M 2 🛣 F 67 418 70 6013 Director Usuai Rasidance of Dacedant with the Meryland 10a Stata 10b. County 10c. City, Town or Location 28a-f show 10d. Insida City Limits ir than "natural", or itema 23a or 28a-f sho the Wedical Examiner must be notified at Maryland Anne Arundel Severna Park 1 ☐ Yaa 2 X No Director 10e. Street and Number 10f. Zlp Coda 10g. Citizen of What Country? 518 White Oak Dr. United States 21146 Funeral death 11. Marital Status 12. Was Decedant Evar In U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yaa or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian. permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If them 27 is marked other than "natural" any injury or other traumatic avairable. 1 ☐ Navar Married 2 ☐ Married 1 ☐ Yas 2 X No If Yas, Giva 1 Yaa 2 X No Specify: White þ Specify 3 Widowed 4 Divorced Yaar or Datas: Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elamentary/Secondary (0-12) Collega (1-4or 5+) 12 Homemaker Own Home 17. Fathar'a Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Surnama) Joseph Pau1 Carolyn Pau1 2 19a. Informant'a Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Lewis Carney / son 518 White Oak Dr., Severna Park, MD 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burlal 2 Cramation 3 ☐ Ramoval from State Green Mount Crematory 2/25/97 Baltimore, MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Licenses 22. Nama and Addrasa of Facility CAFA Stephen D. Lohrmann P.A. 23a. Part1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. 8717 Green Pastures Dr., Baltimore, MD 21286 Approximata Intarval Between Onset and Deeth Physician Immediata Causa (Finel disaasa or condition rasulting in daath) /Medical bacteremia Examiner Due to (or as a consequance of): Examine requires that the death certificate be executed physician and the burial-transit Sequentially list conditions, if any, laeding to immadiate cause. Entar Undarlying Causa (Diseesa or Injury that initiated eventa rasulting in death) Last Dua to (or as a consequence of): P.O. Box 68760. Physician/Medical Dua to (or as a consequance of): 980 detached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown artery disease signed b Vital Records, þ respiratory failure 24a. Waa an autopsy performed? 24b. Wara autopsy findings Completed available prior to complation of causa of death? Ž 1□ Yas Z□No 1 □ Yas 2 □ No 8 25. Was casa rafarred to medical axaminar? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 Raaldance 6 Othar (Specify) Certification: To 1∏Yes 211-No 1 ☐ Impatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred or Attending s after des. 1 Natural 5 Panding Invastigation 1 Yaa 2 No 2 Accidant 6 Could not be datarmined 3 Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicida To the Hospital or within 24 hours aft. To the Funeral Discompletely filled in 1 Cortifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certiflar (Check only one) Physician 29c. Licanse number 29b. Signatura and title of cartifian 29d. Data signed (Month, Day, Year) dick ma and addrass of person who complated cause of death (Item 2\$a) (Type, Print) Hospital, Glen Burnie Keddick-North herelle Lane Hrundel 31. Data filed (Month, Dey, Year) 32. Registrar's Signatura State FEB 2 6 1997 Registrar with Davidson

DHMH 16 Rev 6/95



						Cert		of Death		eg. No.		
	Physici	an	1. Decadant's Nama (First, Middle, L		,	/ / 1	,		2. Deta of Dea Month		Year	3. Time of Lee th
J	/Medi	cal	JOHN			1 A L	<u></u>	4. Oh. T.	FEBRUAR	y 24	1997	11-50 M
1	Examir	ner	4a. Fscility Name (If not institution, g	NTY GEN	ERAL			Westmin	Location of Death	4c. County CAR	ROLL	COUNTY
	Funerai Director		5. Social Security Number 6. 212-01-7100 Usual Rasidence of Dacedant	Sex 7. Ag 10X(M 2□ F	e (In yrs. lasi		If Undar 1 Y Months D	ear If Under 24 Hrs ays Hours Min			9. Birthp Coun	laca (Stata or Foreign try) aryland
	yland		10a. Stata 10b. County	**	10c. City, T	Town or Loca	ation				1	Od. inside City Limits
	Se-f s	Director	Md. Carro	11				anchester				1 ☐ Yes 2 ☒ No
	with the or 2	Dire	10e. Street and Number	Bert Fowle	a Dood		10f. Zip Co	da 21102		Og. Citizan of V		
	tar death Items 23	Funeral	11. Marital Status	12. Was Decedant	Evar in U.S.		as Decedani	of Hispanic Origin? (S Cuban, Maxican, Puar	Specify Yas or No-		e - Americ	an Indian,
020	filed within 72 hours after death with the Maryland Hygiena. ther than "naturet", or Itema 23a or 28a-f show ont, the Medical Examiner must be notified at	by	1 ☐ Naver Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yas 2 ☒ I it Yas, Giva Yaar or Datas:				Cuban, Maxican, Puar No <i>Specify:</i>	to Rican, atc.)	Specify	ok, Whita, i	ite
15-0	natur	eted	15. Decedent's l (Specify only highest g		1	16a. Deceda (Giva ki	int's Usuai O	ccupation ona during most of wo etired)	orking	16b. Kind of Bu		
121215-0020	permit. Pagas 1 and 2 should be filed within Department of Haalth and Mental Hygiena. Important: If Item 27 Is marked other than 'Important: If Item 27 Is marked other than 'Important: If Item 27 Is marked other than Na	Completed	Elamentary/Secondary (0-12)	Collega (1-4or 5	i+)	lifa. Do	Edit	or			ws Pa	aper
Maryland	od out	Be C	17. Fathar's Nama (First, Middla, Las	Thomas E.	Hall				ma (First, Middla, dget Fly		na)	
ary	2 should be and Mental is marked o	10	19a. Informant's Neme/Ralationship			19b. Malling	Address (S	reet end Number or R	0		Stata, Zip	Code)
	t and 2 Haaith a em 27 la		Lillian E. Hall	(Wife)				Fowler Rd	. Manch	ester,	Md.	21102
ore	Pagas 1 nent of Hi nt: If iten iry or oth		20a. Method ot Disposition 1 X Buriai 2 ☐ Cramation 3		cem	atary, crema	ition (Nama atory or otha	r place)	Date	20c. Location -		
Baltimore	permit. Pag Department Important: I any Injury o		4 ☐ Donation 5 ☐ Other (Special Signature of Funeral Service Lice				Cemete	ery 2/27/9 ddrass of Facility	97	Baltimo	re	Maryland
Ba	permit. Departn Importa any Injt		Multon 1	ore. Ma	uck, Inc. e, Maryland 21214							
	Dhambalan		23a. Part1. Enter tha disaase of conshock, or heart tailura.	mplications that caused y one cause on each in	tha daath. I	Do not antar	the moda o	dying, such as cardla	c or raspiratory are	est,		Approximate interval Batween Onset and Death
4	Physician /Medicai Examiner		Immediata Ceusa (Final disease or condition rasulting in death)	PNE	uMo	NIA	- BI	LATERAL	-			10 DA45
		e	rasulting in death)	1. 211.	Dua to (or as			IENTIA				5 YEARS
	outed nd ransit	Physician/Medical Examiner	Sequentially list conditions.	b. 71271	Dua to (or as			IENTIA			i ·	TUARS
60,	tricata be executed g physician and as the bunal-transit	EX	Sequentially list conditions, if any, laading to immediata causa. Entar Underlying Cause (Diseasa or injury that initiated evants	C-							1	
68760,	physic street	edica	that initiated evants rasulting in daath) Last	Dua to (or as a consequence of):								
Box	eath certif attending for usa a	M/us		d								
	that the death cer ed by the attendin detached for use	sicie	Part ii. Other significant conditions	contributing to death b	ut not resultin	ng in tha und	darlying caus	a givan in Part I.	23b. Did to	obacco use co	ntributs to	the cause of death?
P.0	uires that the signed by t								1□ Y	ee 2□No	3 □ Prot	pebly 4 dinknown
Records,	peed shou	Completed by							24a. Was a perfor	in autopsy med?	ava	are sutopsy tindings silabla prior to mpletion of causa
Rec	The law ate has page 2	dwc							1 D Y	as 2 No		déath?] Yas 2⊠No
(ital	- co	Be C	25. Was casa ratarred to medical					26. Place of De	eth (Check only or			1189 21910
2	in algen: certific il director,	2	examinar? 1 ☐ Yas 2 ☐ No	Hospital: 1 Impatia		/Outpatient	3□ DOA		Home 5 ☐ Rasid	ance 6 Oth	er (Specif)	1)
E/	funeral	ion:	27. Manner of Death 1 ☑ Natural 5 ☐ Panding	28a. Data of Inju (Month, Da)	ry y Year) 28	Bb. Time of Injury	28c.	Injury at Work? 1 ☐ Yes 2 ☐ No	28d. Describe h	ow injury occur	red	
Divis	or Alling after on Director I in by the	Certification:	2 Accidant invastigati 3 Sulcide 6 Could not 4 Homicide datarmine	fice	28t. Location (S City or Tow		er or Rura	l Routa Number,				
	To the Hospital or within 24 hours after To the Funerel Director Completely filled in the complete of the comp	edical C	29e. Certifiar 1 Certifying P (Check only one) 2 Medical Exa	hyelclan: To the best of miner: On the basis of and mennar sta	examinetion	dge, deeth o and/or inva	occurred et t estigetion, in	ne tima, deta and piec my opinion, daath occ	e, and dua to tha c urred at tha time, o	eusa(s) and ma lete end place,	anner as st and due to	ated. tha cause(s)
	within To the	Me	29b. Signatura and title of certifiar					censa number		9d. Date signa	d (Month,	Day, Year)
			> Yol I'm	n, 14.D.			D	46962	F	EBRUI	IRY	24, 1997.
	3		30. Name and addrass of person who M. SHIRAZI, M.D.	House P	eath (itam 23 HYSIC	Ba) (Type, Po	rint) CAR	ROLL COUN'	TY GENE	RAL HO	SPITA	۷.
	Sta	te	31. Date-filed (Month, Dev. Year)	39. Registr	ar's Signature	male 12						



State of Maryland / Department of Health and Mental Hy

Physicia	ın	1. Decedent's Na		le, Last)	Α.	НАТТ	יחאי					2. Data of De Month	Day	Year	3. Time of Death
/Medica	ai	4a Fasilia Nama					ON					FEBRUARY 24,1997 12:			
Examine	er	4a. Facility Name UNIO		ORIA		HOSPITAL				4b. City, Town, or Location of De BALTIMORE			4c. County of Death N/A		
Funeral Director		5. Social Security 214-14 Usual Residence	-5467	6. Sex 1 ☐ M	XXF	7. Age (In yrs 76	s. last birthday) Yrs.	If Under 1 Months	Year Days	If Under 2 Hours	Min.	8. Data of Bir (Month, Da 09-19	y, Year)		place (Stata or Foreign ntry) RYLAND
ms 23a or 28a-f show	tor	MD.	10b. County	N/A		10c. C	ity, Town or Lo	cation LTIM	ORE	ci	ΤY				10d. Insida City Limits
3a or 28	I Direc	10e. Street and N	umber BELLO	NA .	AVEN	UÈ		10f. Zip Code 21212				10g. Citizen of What Country?			ntry?
If, or he	by Funeral Director		rrled 2 Mar	ried	Was Dace Armed For 1 Tes If Yes, Giv Year or Da	X(XNo		Was Daceda It Yes, specif 1 ☐ Yes 🗶	nt of H y Cuba	ispanic Orig an, Mexicen,	in? (Sp Puerto	ecify Yes or No Ricen, etc.)	- 14. Ra	ice - Ameri ack, White,	can indian, etc.
35	Completed	Elementery/Sec		st grade co	ion om <i>pleted)</i> College (1	-4or 5+)	16a. Deced (Give life. I	6a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) CLERK 16b. Kind of Business/Ind STEAMSHIP						LINE	
d out	Be	12 YEAR 17. Father's Name HARRY	(First, Middle,	Last) HAT'	TON			CHL		18. Mother		e (First, Middle,	Maiden Suma		
and Men is marke aumatic	ဍ	19a. Informant's I	Name/Relations	hin (Type	Print)		19b Meilir	no Addroes /	Street	and Numbe	ror Pur	al Route Numb	Ch T-		Code)
E 7 E		JOHN H				HER)									
ent of Heelth nt: If Item 27 ry or other tri		JOHN H 20a. Method of Di XX Burial	sposition	ON (BROT	20b.	5610 Place of Dispo cemetery, cren	YORK	RO of er place	OAD, E	BALT	PIMORE Date	, MARYI 20c. Location	- City or T	21212
Department of Heelth Important: if item 27 i any injury or other tro		JOHN H 20a. Method of Di XX Burial	sposition Cremation Control Co	ON (3 □Rem	BROT	20b.	5610 Place of Dispocemetery, crem CW CAT	YORK estion (Name natory or oth HEDRA 2. Name and HEN	of er place L Addras	OAD, F CEMET ss of Facility W. J	ERI	Date Z 2-27 Z INS A	, MARYI 20c. Location BALTO	City or To	21212 own, Stata 0.,21229
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igned by the attending physician and Beartment of Departme	ledical	JOHN H 20a. Method of Di XXD Burial 4 Donation 21. Signatura of F 23e. Pert1. Enter shock, or he limmediate Cause disease or condition resulting in death Sequentially list of any, leading to cause. Enter Uncause (Disease of the initiated evan resulting in death)	sposition Contact Service Tuneral Service The disease, or ert tailure. List Clinel Conditions, Conditi	3 □ Rem specify) Licensee complicationly one c	boval from S ions that or seuse on er Du	eused the dealech line. Spira Due to (Place of Dispo cometery, cremeter	YORK sistion (Name and or or other the Index of or other the mode) Pull (usence of): de to usence of):	R(C) of er place L (C) Addras RY (ORI of dyin	CEMET ss of Facility W. J K ROA g, such as o	SALTIERY JENIAD, I	Date Y 2-27 XINS A BALTIM Or respiratory a	, MARYI 20c. Location BALTO ND SON ORE, MA	JAND, -City or T.	21212 own, Stata 0.,21229 OMPANY AND, 21212 Approximate interval Between Onset and Death

To the Hospital within 24 hours a To the Funeral C completely filled

Medical Certification:

State Registrar

31. Date filed (Month, Day, Year) FEB 2 6 1997

27. Mannar of Death

2 Accident

3 Sulcide

4 Homicide

5 Pending Investigation

6 Could not be determined

XIX Netural

29a. Certifier

29b. Signature and



28a. Date of Injury (Month, Day Year)

28b. Time of injury

m 23e) (Type, Print)

28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify)

28c. Injury at Work?

29c. License number

1 ☐ Yas 2 ☐ No

DHMH 16 Rev 6/95

Certifying Physician: Lo the desired my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and menner as stated.

2 Insurant Examples On the basis of examination and/or Investigation, In my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

28f. Location (Street and Number or Rural Route Number, City or Town, State)

28d. Describe how Injury occurred

FEBRUARY 25,1997

29d. Date signed (Month, Day, Year)



				State of	Marylar		artment of F tificate of		nd Ment		iene 9	7 05	490			
	Physic /Medi		1. Decedant's Neme (First, Middla, L Edward	C.	HAM	MOND			Feb.	ita of Death onth ruary	Py, 1		Time of Death 15 Pm			
	Exami	ner	4a. Fecility Nama (If not institution, g Franklin Square			. 20		4b. City, Town Rosed		of Deeth	4c. County of Deeth Baltimore					
	Funeral Director		5. Social Security Number 213-09-0994			e (In yrs. last birthday) If Undar 1 Y		If Under 24	Hrs. 8. De	eta of Birth bonth, Day,	Year)		(State or Foreign			
	/land		Usuai Residance of Decedant 10a. Stata 10b. County		10c. Ci	ty, Town or Lo	cation					10d. Ir	nsida City Limits			
	n the Maryland r 28a-f ahow	ctor	Maryland Anne Art	ınde1		Pasadena						1	☐ Yes 2 🗓 No			
	23a or 21	Dire	10e. Street and Number 442 Riverside	Derivo			10f. Zip Code	21122		10	_	g. Citizen of What Country?				
	ter death w thems 23s	nera	11. Meritel Stetus	12. Wes Deced	ecedent Ever in U.S. 13. Wes Decedant of Hispanic Origin			n? (Specify Y	as or No-	14. Rac	e - American In	dlan,				
Maryland 21215-0020	18 8 E	Completed by Funeral Directo	1 ☐ Never Merriad 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	Armed Forc 1 Tas 2 If Yas, Giva Yeer or Date	[∡No		Yas, specify Cub	en, Mexican, I Specify:	Puarto Rican	atc.)	Specify	ck, Whita, etc.	te			
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212	d withli piene. r than	omo	Elemantary/Secondary (0-12) 7th grade	College (1-4	lor 5+)		ck Drive	Ti .			Steel	Compan	у			
pul	permit. Peges 1 and 2 should be filed within 72 hours Department of Health and Mentel Hygiene. Important: if Item 27 is marked other than "natural", any injury or other traumatic event, the Medical Exa- once.	Be	17. Fathar's Name (First, Middia, Las	t)							faiden Suman	10)				
ıryia	should nd Men merke	10	John Hammond 19a. Informant's Name/Raletionship	(Type Print)		19b Mailin	a Address (Street	Mol1		Fitch		, Stata, Zip Code)				
	alth ar 27 is er trau		Mr. Raymond Rob		n)	a) 9117 Santa Rita Road, E						21236				
ore	ges 1 at for He H Ram or oth		20a. Mathod of Disposition 1 ☑Burial 2 ☐ Cramation 3	Removel from Stata camatary, crematory or other place)								City or Town, S				
Baltimore,	uit. Pe artmen ortant: injury		4 ☐ Donation 5 ☐ Other (Special Signature of Funeral Service Lice		Ве		Mem'1 Ga . Nama and Addra		2/22	/97	Bel Ai	r, Mary	land			
Ba	Depariment important		11111/2/1				Schimune	k Fune		-		21236				
		23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line.											roximata rval Between			
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	Examiner		diseesa or condition rasulting in deeth)	a. He	1 Duago (or as a conseq	nance off:					Ve	Syr5			
	b is	liner		b. C	JPC	>	aa.1100 01).					113	240			
	a and	Examiner	Sequentially list conditions, it any, leading to immediate cause. Enter Underlying Cause (Disease or injury that believed awards)		Dua to (d	or as e conseq	uenca of):									
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Φ	E 0 8	Mec		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1								
Box	net the deeth cert of by the attendin detached for use	ician	d Part II. Other signiffcant conditions contributing to death but not resulting in the underlying care								henno use no	atribute to the	causs of death?			
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4	T ed b	by							_			Odb Wass s	shanns findings			
S	H None	Completed								4a. Wes ar perform	eutopsy led?	evailable	utopsy findings a prior to tion of causa			
- F	page 2	Somp.								1 □ Ye	s 2 No	1 Tes				
Vita		Be	25. Was case rafarred to medical axaminer?	Hoenital.			000		of Deeth (Che	ck only one	1)					
of	S 00 0): To	1 ☐ Yas 2 No 27. Mannar of Deeth	Hospital: 1 Inp 28a. Data of (Month,		ER/Outpetlen	t 3□ DOA Oth	4 D TVUIS			nce 6 Oth					
ion	Attanding or death. actor: After by the fune	ation	1 Natural 5 ☐ Pending invastigation	on	Day Year)	Injury		rk? Yes 2□No	0							
Division of Vital	To the Hospital or Attanding Phywithin 24 hours after death. To the Funeral Director: After this completely filled in by the funeral	Certification:	3 ☐ Suicida 6 ☐ Could not datarmine	208. PIECE OF	injury - At he , atc. (Specif	ome, farm, stra	aat, factory, offica	fica 28f. Location (Street and Number or Rural Routa N City or Town, Stata)					ita Number,			
	Hospi 24 hou Funer stely fill	edical	29e. Cartifier (Check only one) 2 Madical Exa	hysician: To the be miner: On the basi	s of axamina	wiedga, daath tlon end/or inv	occurred at the tir astigetion, in my o	ne, date and poinion, daath	piace, and du occurred at t	a to tha ca ha tima, da	usa(s) and ma ta and place,	nner as stated. and dua to the	cause(s)			
	Vithin S	Mec	29b. Signature end title of certifiar	end manna	r stated.		29c. Licens	e number		29	d. Dete signe	d (Month, Day,	Year)			
	- 2 - 0		Housel	1 Trees	Luly	CM	Do	D28127 2/20197								
	6		30. Nama and address of parson who	completed causa			Print)		, ,	0						
	Sta	te	31. Data filed (Month Day, Year)	Jan J M	istrar's Signa	tura	LochRa	ven 13	119	1361	to Ma	12123	19			
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State of Maryland / Department of Health and Mental Hygiene

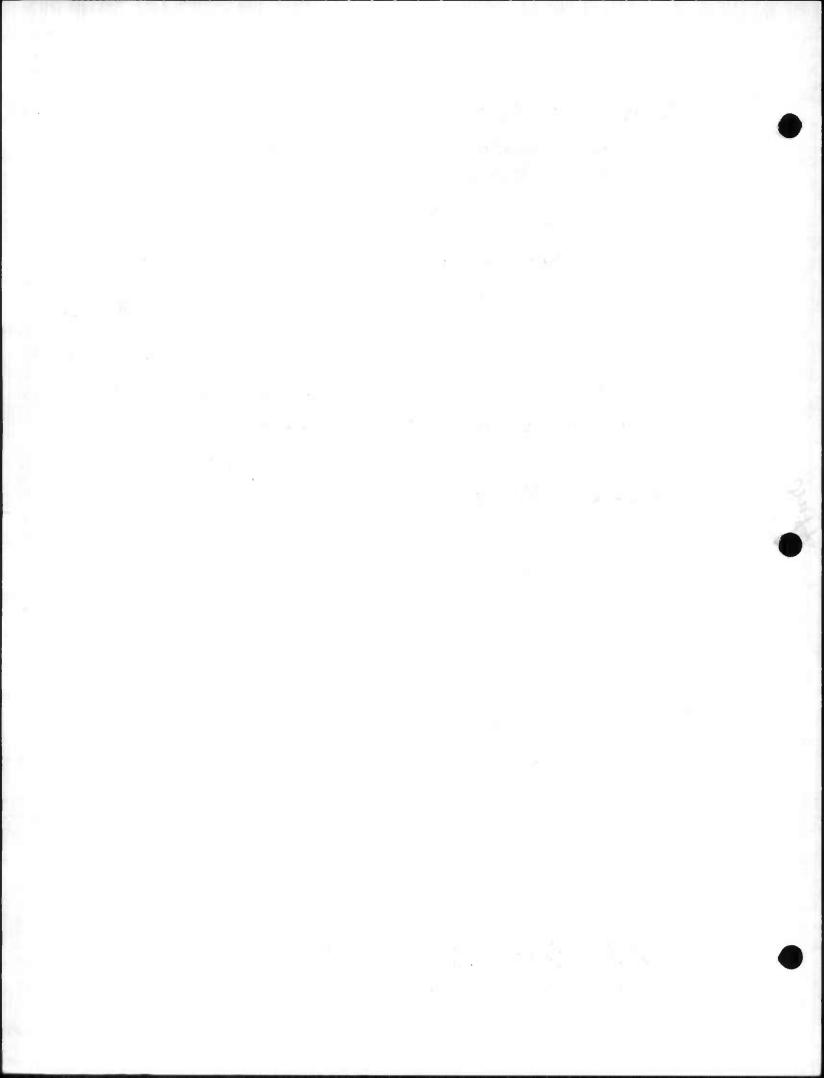
05491 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month Year 7:30 Am ROBERT. HAUSNER FEBRUARY, 22 1997 /Medicai 4e. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth **Examiner** CHURCH HOSPITAL BALTIMORE, MARYLAND BALTIMORE If Under 1 Year If Under 24 Hrs. Nonths Deys Hours Min. March 21,1898 Maryland 5. Social Security Number Birthplece (State or Foreign Country) 7. Age (In yrs. lest birthday) **Funeral** 1 X M 2 □ F Yrs. Director 98 213-10-3536 Usuai Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Director Yes 2 No Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with ò items 23a 408 S. Clinton Street Funeral 21224 S. A. filed within 72 hours aftar death 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 6 1 ☐ Yes 2 ☑ No Specify: by Specify: 3 Widowed 4 Divorced "natural", White Completed 15. Decedent's Education 16e. Decedent's Usuel Occupetion 16b. Kind of Business/Industry (Specify only highest grede completed) (Give kind of work done during most of working life. DO NOT use retired) al Hygiena. Elementary/Secondery (0-12) College (1-4or 5+) permit. Pagas 1 and 2 should be filed w Department of Health and Mental Hygier Important: If item 27 is marked other th any injury or other traumatic event, the once. 8th Grade Handy Man Various Trades 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Alois Hausner Unknown 19e. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Richard H. Lerch (Friend) 5906 Meadowood Road, Baltimore, Maryland 21212 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Moreland Memorial Park 2/24/97 Baltimore, Maryland 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility Schimunek Funeral Home Inc. 3331 Brehms Lane, Baltimore, Maryland 21213 23e. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximete interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Finel RENAL. FAILOUR disease or condition resulting in death) **Examiner** Examiner AUG 1996 OF PROSTRATE CANCER The law requires that the death certificate be executed burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury Due to (or es e consequence of): Box 68760, attanding physician for usa as tha buria DEHYDRATION Physician/Medical that initiated events resulting in death) Lest Due to (or as e consequence of): signed by the a Vital Records, P.O. Pert il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wera autopsy findings available prior to completion of cause of death? Completed 24e. Wes an autopsy cartificate 1 Yes 2 No 1 Yes 2 No hysician: 25. Was case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 inpatient 2 ER/Outpatient 3 DOA 27. Manner of Deeth 1 Natural Date of Injury (Month, Dey Year) 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28e. Plece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide within 24 hours To the Funeral Hospita 112 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. Medical (Check only 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) fal Malimud FEBRUARY 22 - 1997 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) RIFFAT MOSPITAL . BALTIMORE MARYLAND MAHMUD CHURCH 31. Date filed (Month, Dey, Year) FEB 2 6 1997 32 Registrar's Signeture State Lisa Davidson-Randall Registrar



State of Maryland / Department of Health and Mental Hygiene

97 05492

		Ite	m 27,29a,7,8 per Phy Fi	1mG744 2-26-97	rja Certifica	ate of Death		Reg. No.	21	03492					
			1. Decedent's Name (First, Middle, Last				2. Date of De	ath	5559	3. Time of Deeth					
	Physic /Medi		Mary C. H	natnick			Month	Dey 19	Yeer 1997	11:35 AW					
	Exami		4a. Facility Neme (If not institution, give	street and number)		4b. City, Town, o	r Location of Deat	4c. County							
			John Hopkins	Bayview Me	dical Cen	ter Baltin	nore	1	1/A						
	Funeral		5. Social Security Number 6. Se	x 7. Age (In yrs.	Month	der 1 Year If Under 24 Hr		th y, Year)	9. Birthpli Count	lace (State or Foreign					
	Director		Usuel Residence of Decedent	2111 241	Yrs.		08/0	3/28		MD.					
	land w		10e. State 10b. County	10c. Ci	ity, Town or Location				10	Od. Inside City Limits					
	Mery	0	Ma N/A		Baltimo	N 2		1 DYes 2							
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	Hems 2	Funerai		12. Was Decedent Ever in U	J.S. 13. Was De	cedent of Hispanic Origin? (pecify Cuban, Mexican, Pue	Specify Yes or No	- 14. Rac	e - America						
0	within 72 hours after death with the Meryland one. than "natural", or items 23s or 28s-f show he Medical Evantines must be notified at		1 ☐ Never Merried 2 ☐ Married	Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give		pecify Cuban, Mexican, Pue 2 12 No Specify:	Prio Hicen, etc.)		ck, White, e	HC.					
202	ours	d by	3 Widowed 4 □ Divorced	Year or Detes:	10 165	зургио эреспу:		Specify	Wh	lite.					
21215-0020	"natural",	Completed	15. Decedent's Edu (Specify only highest grad	cetion e completed)	16a. Decedent'a U (Give kind of	suel Occupation work done during most of w Luse retired)	orking	16b. Kind of B	usiness/Ind	ustry					
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lan	nould be i Mentai marked o	To Be	Henry D'Tool	P		0 1	1	^	VIE						
Maryland	E DEE	-	19e. tnforment's Neme/Relationship (T)	rpe. Print)	19b. Meiling Addr	ess (Street end Number or F	herine		Stete Zio	Code)					
			John O'Toole	(Brother)	7001	and the second	1	balto n	nd :	21724					
re,	ges 1 and t of Health If item 27 or other to		20e. Method of Disposition	20b. I	Plece of Disposition (/	Verne of	Dete	20c. Location -	City or Tov	wn, Stete					
E	0 5 4 7		1 ☐ Burial 2 ☐ Cremation 3 ☐ F 4 ☐ Donetlon 5 ☐ Other (Specify)	temovel from Stete	4.1	Cemetery	2-22-97								
Baltimore,	Fight H		21. Signature of Funerel Service Licens			and Address of Facility (harles	S. Lei	ler &	Son, INC					
m	Dep in a sur		Voter h D	No. 1			6224 E	astern	AVEN	ue					
			23a. Pert1. Enter the diseese, or compl	icetions that co sed the dee	Ih. Do not enter the m	node of dylng, auch as cerdia	Balto. ac or respiretory a	Mol. 2	11224	Approximete interval Between					
	Physician		23a. Pert1. Enter the disease, or complications that consider the deeth. Do not enter the mode of dying, auch as cerdiac or respiretory arrest, shock, or heart feilure. List only one cause on each line.												
и	/Medical		tmmediate Cause (Fine) disease or condition resulting in death) a. Cerebrovascular Accident 3 Due to (or es e consequence of):												
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68760,	be e sician burie		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	С.											
687	ficate phys	edicai	resulting In deeth) Lest	Due to (c	or es e consequence o										
Box		2		l. ———											
	thet the death co	by Physician/	Part ii. Other significant conditions con	stributing to death but not rec	culting in the underhin	a course circus in Road I	22h Did	lahanna uma an	ntelbute to	the cause of death?					
P.O.	by the teched	hys				g cause given in Fett I.		Yes 2□ No	/	ebly 4 Unknown					
		y P	Myocardial	Infarction	on		- '	2010	327100	acry 4 Olikilowii					
rd	iew requires thet as been signed to 2 should be det		,				24a. Was	an autopsy	24b. We	ra autopsy findings illable prior to					
000	s ber	Completed					pend	med?	com	npletion of cause leeth?					
m m	The lew page 2	E O					10	res 20 No	10	Yes 22 No					
ita	ysician: The iev s certificate has director, page 2	Bec	25. Wes cese referred to medical			28. Place of De	eeth (Check only o								
<u>~</u>	5 00	To	examiner? 1 Yes 2 No	lospitel: 1 Inpatient 2	ER/Outpetient 3□	DOA Other: 4 Nursing	Home 5 Resi	dence 6 Oth	er (Specify)					
u	fler th		27. Menner of Death 1	28e. Dete of Injury (Month, Day Year)	28b. Time of Injury	28c. tnjury et Work?	28d. Describe	now injury occur	red						
sio	Attending or death. ector: After by the fune	cati	2 Accident investigation 3 Suicide 6 Could not be		М	1 ☐ Yes 2 ☐ No									
Division of Vital Records,	after death. Director: After	Certification:	4 Homicide determined	28e. Plece of Injury - At he building, etc. (Specif	28f. Location (Street end Numb vn, Stete)	er or Rural	Route Number,							
	To the Heapital or Attending Ph within 24 hours after death. To the Funeral Director: After thi compietely filled in by the funeral		200 Contiller Ydd												
	To the Hospital within 24 hours a To the Funerel I completely filled	edical	29e. Certifier (Check only one) A ◯ Certifying Physical Check only one)	nician: To the best of my kno ner: On the basis of examina end manner steted.	owiedge, deeth occurre ation end/or investigati	ed et the time, dete end pled on, in my opinion, deeth occ	e, end due to the curred at the time,	cause(s) end me date and plece,	nner as ste and due to	eted. the ceuse(s)					
	o the o the omple	Med	29b. Signature and title of certifier	Ond manner stelled.		29c. License number		29d. Dete signe	d (Month, £	Dev. Year)					
	F ₹ F 8		100	7 115											
	16		30. Name and eddress of person who co	moleted cause of death floor	n 23a) (Tuna Brins)	98207		Feb. 1	4,19	9.7					
	1		Lauren R. A	100 MD	4940 FA	stern-Avenu	e Balti	md	2128	4					
	Sta	te	31. Dete-filed (Month, Dev. Year)	32. Registrer's Signa	atrice	210-71-11-110	- 1000110	. , , , .	7. 57	f					
	Daniel		I-I II G II IMM	CHERON DINGAMA	March DO.										



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decadent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Feb. 23 1997 Yaar 10:30 a.m Frances Howard /Medical 4a. Facility Nama (If not Institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 719 Maiden Choice Lane Apt. HR 209 Baltimore Baltimore Hours Min. 8. Deta of Birth (Month, Day, Year) SEPT . 30 1 If Undar 1 Yaar 6 Say 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 1⊠M 2□F Days 1907 NEWARK N.J Director 89 141-03-4740 Usual Rasidence of Dacadant the Maryland 10a Stata 10b County 10c. City. Town or Location 10d. Insida City Limits r than "natural", or items 23s or 28s-f show the Madical Examiner must be notified at 1 Yas 2 No Director MARYLAND BALTIMORE BALTIMORE 10g. Citizan of What Country? 10e. Street and Numbe 10f. Zip Coda death with 719 MAIDEN CHOICE LANE APT HR 209 21228 U.S.A. Funeral 12. Was Dacedeni Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva 14. Race - American Indien. 11. Meritel Stetus Was Decedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: if Item 27 Ia marked other than "natural", or Item any Injury or other traumatic event, the Medical Exemples 2006. Bleck, Whita, etc. 1 Navar Married 2 Merried altimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: p WHITE 3 ⊠ Widowed 4 □ Divorced Completed 15. Decedant's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Eiamantary/Secondery (0-12) Collaga (1-4or 5+) MEDICAL LIBRARIAN PHARMACENTICAL 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middle, Maiden Surnama) FRED VIERLING CATHERINE SALIFR 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 33 PELLETOWN ROAD LAFAYETTE N.J. 07848 PRITCHARD - niece 20b. Place of Disposition (Name of cematary, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stata 1 ☑ Buriai 2 ☐ Cremetion 3 ☐ Ramovei from Steta 4 Donation 5 Othar (Specify) Feb. 27,97 Orange, New Jersey ROSEDALE CEMETERY 21. Signature of Funaral Service Licenses 22. Name and Addrass of Facility
STALLINGS FUNERAL HOME P.A. 3111 MOUNTAIN ROAD PASADENA, MARYLAND 21122 23a. Part 1. Entar tha disease, or complications that caused the death. Do not antar the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intarval Batween Onsat and Death Physician /Medical Immediata Causa (Final disease or condition rasulting in death) MYOCARDIAL YOURS **Examiner** Due to (or es a consequance of) Examiner physician and the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to Immadiata cause. Enter Underlying Cause (Diseesa or Injury that Initiated avants rasulting in daath) Last Due to (or as a consequence of): Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): 9Sn signed by the aid to be detached for Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yea 2 7No 3 Probably 4 Unknown FIBRILLATION þ 24b. Wera autopsy findings available prior to complation of causa of death? Completed VALVE PROLAPSE 24a. Was an autopsy performed? PB. 1 Yas 2 No 1 ☐ Yes 2 ☐ No certificate 25. Was casa raferred to medical Be 26. Place of Death (Check only one) axaminar? Hospital: 1 Yas 2500 lo Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) ၀ 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA to 28e. Deta of Injury (Month, Day Year) 27. Mannar of Death 28b. Time of 28d. Dascribe how Injury occurred Certification: 28c. Injury et Work? 1 Watural 5 Pending 1 ☐ Yes 2 ☐ No 2 Accidant invastigetion 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicide Mospital 24 hours a Funeral D 29a. Certifier 🚈 Certifying Physician: To the best of my knowledga, death occurred at tha time, dete and place, and dua to tha cause(s) and mannar as stated. Medical To the Howithin 24 to To the Functional Completely 2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, deeth occurred at tha time, data and place, and due to the cause(s) and mannar steted. 29b. Signatura and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) My P. 10 30. Name and address of person who complated cause of death (Item 23a) (Type, Print) 711 MAJOEN CHOICE LAWE CATONSVILLE, MD VARRETT TATTNEW

39. Registrar's Signeture

Registrar

State

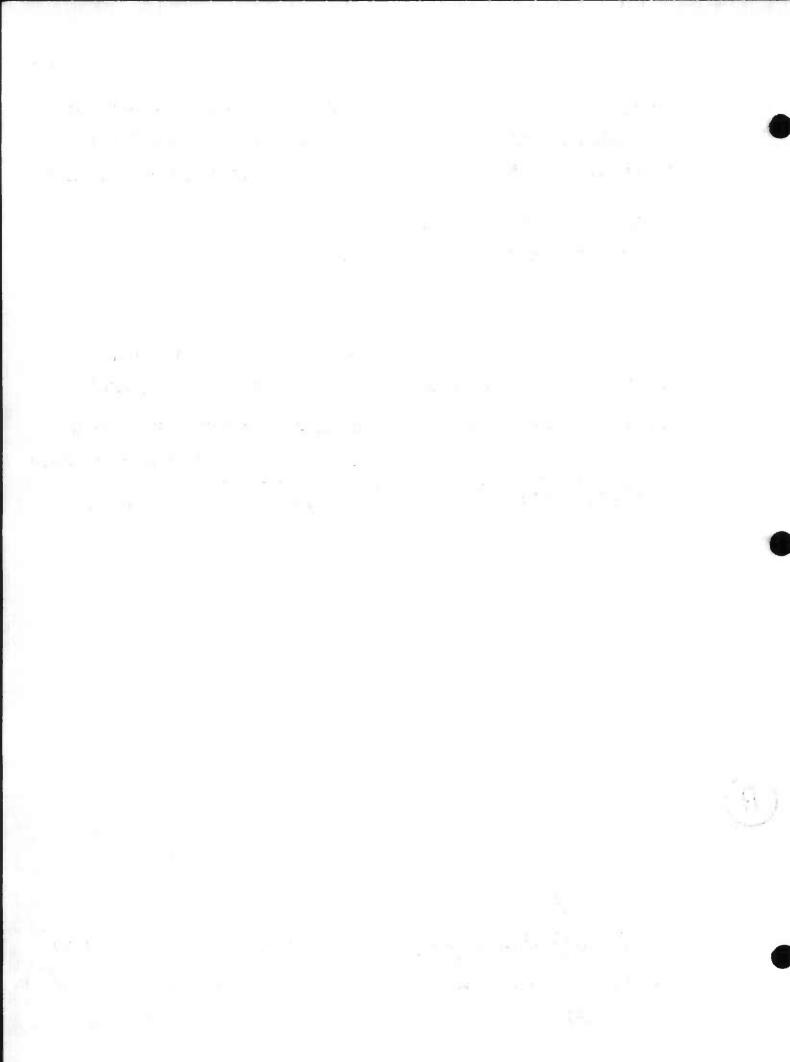
31. Date filed (Month, Day, Year) F-EB 2 6 1997

State of Maryland / Department of Health and Mental Hygiene 97 05494

The same		Decedant's Nama (First, Middle, Las	t)	Cer	tificate of	Death	2. Date of De	Reg. No.		3. Time of Death		
Physic		NELLIE	K		HARKLERO)AD	Month	RY 22,1	Yaar 997	4:45PM		
/Medi Exami		4a. Facility Nama (If not Institution, give			4b. City, Town, or L				4.43111			
		7748 WILLIAMS S	TREET			PASADENA	A	ANNE	ARUNE	EL		
Funeral Director		213-14-3/00	7. Aga (in yn	s. last birthday) Yrs.	If Undar 1 Year Months Days	if Under 24 Hrs. Hours Min.	8. Dete of Bird (Month, Da APRIL 1	y, _{Year)} 9 1908	9. Birthp Coun PEN	taca (Stata or Foreig try) NSYLVANIA		
yland		Usuel Rasidence of Dacedant 10a. Stata 10b. County	10c. C	City, Town or Lo	cation				1	0d. insida City Limits		
Mar a-1 st	ctor	MARYLAND ANNE AR	JNDEL P	ASADENA					1 ☐ Yas 2			
or 28	Olre	10e. Street end Number			10f. Zip Coda			10g. Citizen ot \	itry?			
oth w	Ta I	7748 WILLIAMS S	TREET		21122			USA				
permit. Peges 1 and 2 should be filed within 72 hours efter deeth with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "naturet," or itema 23a or 28a-f show any injury or other traumatic event, in Medical Examines mant be notified at ARIS.	by Funeral Director	11. Marital Status 1 □ Never Married 2 □ Married 3 □ Widowad 4 □ Divorcad	12. Was Decedant Evar In Armed Forces? 1 ☐ Yas 2 ☑ No It Yas, Giva Yeer or Detas:		Ves Decedant of I Yes, specify Cub	Ilspenic Origin? (Spen, Maxican, Puerto Specify:	pecify Yas or No Rican, atc.)		ca - Americ ck, Whita, v:WHIT	atc.		
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within ene.	du	Elamantery/Secondery (0-12)	Cotlege (1-4or 5+)			d)		MENC O	0.7117	110		
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ould be filed within Mental Hygiene. arked other than mitc evant, the Mental Men	To Be	CHARLES	ZAKERECK	IS		ANNA			NKNOW	N		
and Men is marke	-	19a. informant's Name/Ratationship (7	ype, Print)	19b. Maitin	g Addrass (Street	and Number or Rui	rai Routa Numbe	er, City or Town,	Stata, Zip	Code)		
1 and 2 Health am 27 li		Teresa E. Anderso	on - daughter	7748	WILLIAM	S STREET		ADENA I-IARYLAND 21122 a 20c. Location - City or Town, State				
Peges 1 nent of H int: If ite iry or of		20a. Method of Disposition 1 ☒ Burial 2 ☐ Cramation 3 ☐	Removel from State		natory or othar pla-		Data					
ntmen rtant:		4 Donation 5 Other (Specify) WOODLAWN CEMETERY FEB. 27, 1997 BALTING 21. Signature of Funeral Service (Const.) 22. Name and Address of Facility STALLINGS FUNERAL HOME P.A.								RE, MARYLAN		
Departmic Popurarian any injure once.		Hi Par Losta	Pirfys Jr	22.	STALLIN 3111 MO	GS FUNERA UNTAIN RO	L HOME AD PASA	P.A. DENA. M	ARYLA	ND 21122		
		23a. Part1. Entar tha diseebe, or comp shock, or haart teilura. List only of	rrest,		Approximata Interval Between							
Physician /Medical Examiner		Immediata Cause (Final disaesa or condition rasulting in death)	a. AThero. Due to	Clares (or as a consequence)		ant do	seems			Onset and Death		
od d ansit	Examiner	Sequentially tiet conditions	b. Dua to	(or as a consequ	a consequence ot):							
e exec lan an urial-tr		Sequentially tist conditions, if eny, leading to immadiata cause. Entar Undarlying Causa (Diseasa or Injury	500.10	200 (0) (00 200) (00 40 40 40 40 40 40 40 40 40 40 40 40 4								
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that the de ed by the a deteched	Physician/Medical	Pert II. Other significant conditions co			darlying causa giv	van in Part I.	23b, Did 1		ntribute to 3 ☐ Prot	the cause of death		
signed to	by P	- ht	year Terre	IM			'''	198 24/110	30110	ALONY 4 DOTINION		
iaw majures that the deeth certificate be executed as been signed by the attending physician and 2 should be deteched for use as the burial-transit	Completed t		· · · · · · · · · · · · · · · · · · ·				24a. Was perlo	an autopsy rmed?	av	ara autopsy tindings allable prior to appletion of cause death?		
	mo.						101	ras 2 No	10	Yes 2 No		
R)	Be (25. Was case referred to medical examiner?				26. Place of Dear	th (Check only o	ne)				
	P	TEL TAS ZUENO		☐ ER/Outpatient		4 LI Nursing Ho	oma 5 Rasio)		
After fune	tlon:	27. Mannar of Death 1 Naturat 5 Panding invastigation	28a. Data ot Injury (Month, Day Year)	28b. Tima of tnjury	28c. injur Wor M 1 □	ryat rk? Yas 2 □ No	28d. Dascribe h	now injury occur	red			
or Atten after deal Director: I in by the	Certification:	2 (Accident invastigation 3 Sulcida 8 Could not be datarmined		28f. Location (Streat and Number or Rural Route Number, City or Town, Stata)								
To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the funeral	Medical C	29a. Cartifier 11 Certifying Phy (Check only one) 1 Madical Exami	sician: To the best of my kniner: On the bests of axamin and menner steted.	nowledga, death nation end/or inv	occurred at tha tir astigation, in my o	ma, dala and placa, opinion, daath occur	and dua to the red at tha time,	ceusa(s) and ma data and place,	annar as st and due to	ated. the cause(s)		
To the To the Comp	Σ	29b. Signature and title of pertiliar	Λ		29c. Licans			29d. Dete signe				
		> Iuln!	1	151740		2,24, 199) 2 201, GlenBurgle, md 200						
1		30. Nama and address of person who co	ompleted causa of death (fre		Print) OAK WO	oon rd s	orte 2	ol, Gler	Bum	are, md 210		
Sta	ite	31. Data filed (Month, Day, Year)	22. Registrar's Sign	natura								

State Registrar FEB 2 6 1997 July Sav

32. Registrar's Signatura
Julie Savidson-Randelle

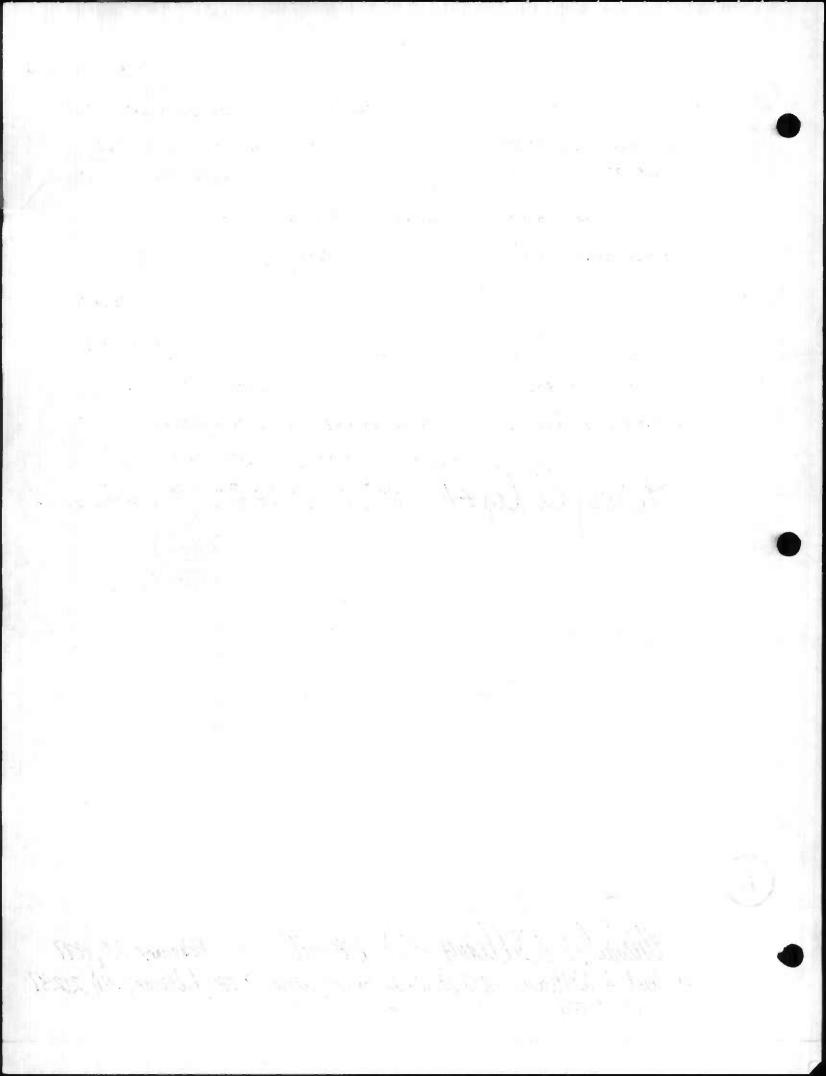


State of Maryland / Department of Health and Mental Hygiene 05495 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Dev **Physician** Month ud FEBRUARY 19, 1997 23:30 /Medical 4e. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY
If Under 24 Hrs. 8. Date of N/A If Undar 1 Yaar 7. Aga (In yrs. lest birthday) 8. Date of Birth (Month, Day, Yeer) 9. Birthpleca (State or For Country) 06/10/1951 Wash., D.C. 5. Social Security Number 6. Sex Birthpleca (State or Foreign Country) **Funeral** 1□ M 2□XF Days Hours 220-60-2929 45 Yrs. Director Usuel Residence of Decedant death with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23s or 28s-f shov solical Examiner must be notified at Baltimore Baltimore, Harmony Hills MD 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? U.S.A. 57 Stoneway Place 21236 Funeral 12. Wes Decedant Evar in U.S. Armed Forcas? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: 11. Merital Status Was Dacedant of Hispanic Origin? (Spacify Yas or No-lt Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. Pages 1 and 2 should be filed within 72 hours after or ont of Health and Mental Hygiene. Int: If Item 27 is marked other than "natural", or Item 1 Navar Married 2 XMarried Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: þ Specify: **Black** 3 ☐ Widowed 4 ☐ Divorced Completed th and Mental Hygiene.
7 is marked other than "natur traumatic event, the Medical 15. Decedent's Education (Specify only highest grede complated) 16e. Decedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Health Dept. Nurse 12th 17. Fathar's Nema (First, Middle, Last) 18. Mother's Nema (First, Middla, Meidan Sumema) Be Robert Henry Young Margaret Hall Young 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 57 Stoneway Place, Baltimore, MD 21236 Odell Jones, Jr. or other 1 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from State permit. Page Department 2/24 Woodlawn Cemetery Baltimoree, MD 5 Other (Specify) 22. Name and Address of Facility
LEROY O. DYETT 21. Signatur of Funeral Service Licensee & SON FUNERAL HOME, P.A. 4600 LIBERTY HEIGHTS AVE., BALTO. 21207 or complications that caused the set only one cause on with line. eath. Do not enter the mode of dylng, such as cardiac or respiretory errest, Approximata Intervel Batween Onset and Deeth **Physician** tmmediete Ceuse (Finel disease or condition resulting In death) /Medical dan Examiner Examiner The law requires that the death certificate be executed Sequentielly list conditions, if any, leading to immediate causa. Enter Underlying Ceuse (Disease or Injury that initieted events rasulting in death) Last P.O. Box 68760. Shock uncertain Physician/Medical the Due to (or as e consequenca of) 98 for use Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes RNO 3 Probably 4 Unknown Division of Vital Records, þ 8 page 2 should 24b. Were autopsy findings available prior to completion of cause of death? Be Completed 24a. Was an autopsy performed? conflicate has 1 Nas 2 No 1 □ Yes > No 25. Wes case ratarred to medical 28. Place of Deeth (Check only one) exeminer? Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 250 No Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ## 28a. Dete of Injury (Month, Dey Year) Certification: 27. Menner of Deeth 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred Attor 1. Netural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, tectory, offica building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stete) 4 Homicide 29a. Cartifier Cortifying Physician: To tha best of my knowledga, death occurred at tha tima, date and pieca, end due to the cause(s) and mennar es stated.

2 Medicat Examiner: On the basis of examinetion and/or investigetion, in my opinion, death occurred at the time, dete end piace, and due to the cause(s) end mennar stated. Medicai 29b. Signatur 29c. License number 29d. Dete signed (Month, Day, Year)

Registrar's Signature

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 05496 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Dey 22 BEATRI CE JACKSON 03.25 AM FEBRUARY 1997 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth HOSPITAL HARBOR CENTER BALTIMORE BALTIMORE H Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) April 17 5. Sociei Security Number 6. Sex 50X 1 □ M 2 □ F 7. Age (In yrs. lest birthdey) 9. Birthpiece (State or Foreign Country) 19 Md 1919 219-07-6343 Usuei Residence of Decadent 10b. County 10c City Town or Location 10d. Inside City Limits X Yes 2 No N/A Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 833 W Pratt Street USA 21231 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Bieck, White, etc. 11. Maritei Status 1 Never Merried 2 Married 1 Yes 2 No Specify: Specify: Black 3 Widowed 4 □ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Eiementery/Secondery (0-12) College (1-4or 5+) 12 office worker Hospital 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Harrison Wright Sr Lydia Cook 19e. tntorment's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) PO Box 24181 Arlethia Nicholson Philadelphia Pa 20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removei from State 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 4 ☐ Donetion 5 ☐ Other (Specify) Garrison Forest 3/3 Baltimore 21. Signeture of Funeral Service Licens 22. Name end Address of Fecility Leroy O Dyett & Son Funeral Home 4600 Liberty Heights Ave Balto. Md 21207 Pents. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervei Between Onset end Deeth Immediate Cause (Final RESPIRATORY FAILURE TWO MONTHS diseese or condition resulting in deeth) ACUTE RESPIRATORY DISTRESS SYNDROMETWO MONTHS Due to (or es e consequenca ot): PULMONARY EMBOLISM TWO MONTHS Due to (or es a consequence of):

Physician /Medical **Examiner**

Attending Physician: The law requires that the death certificate be executed

this

After

2

A the death.

Completed by

Be

Cértification: To

Medical

Division of Vital Records, P.O. Box 68760,

permit. Pege Department of Important: If any Injury or once.

Physician

/Medical

Examiner

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Funeral

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Funeral

Director

other than "natural", or items 23a or 28a-f ahow other than "natural", or items 23a or 28a-f ahow vent, tre Medical Examiner must be notified at

Peges 1 and 2 should be filed within 72 hours after ment of Health and Mertel Hygiene.
nn: If Item 27 is marked other than "natural", or ite may or other than "natural", or ite may or other traumate event, its Medical Examinary.

altimore, Maryland 21215-0020

the Maryland

death v

Examiner Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in deeth) Lest Physician/Medical

DIVERTICULITIS

FOUR MUNTES

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

HEMIPARESIS

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

OBESITY

HYPERTENSION

6 Could not be determined

24a. Wes an autopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

1 Yes 2 No

1 ☐ Yes 2 ☐ No

25. Wes case reterred to medical exeminer? 1 Yes 2 No

26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify)

Hospitel: 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menger of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 5 Pending Investigation Neturel

28c. Injury et Work?

28d. Describe how injury occurred 1 ☐ Yes 2 ☐ No

28e. Pieca of tnjury - At home, ferm, street, tactory, office building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, Stele)

29e. Certifier (Check only one)

2 Accident

3 Suicide

4 Homicide

4 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and pieca, and due to the cause(s) and menner as stated. 2 Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) end menner stated.

29b. Signeture and title of certifier

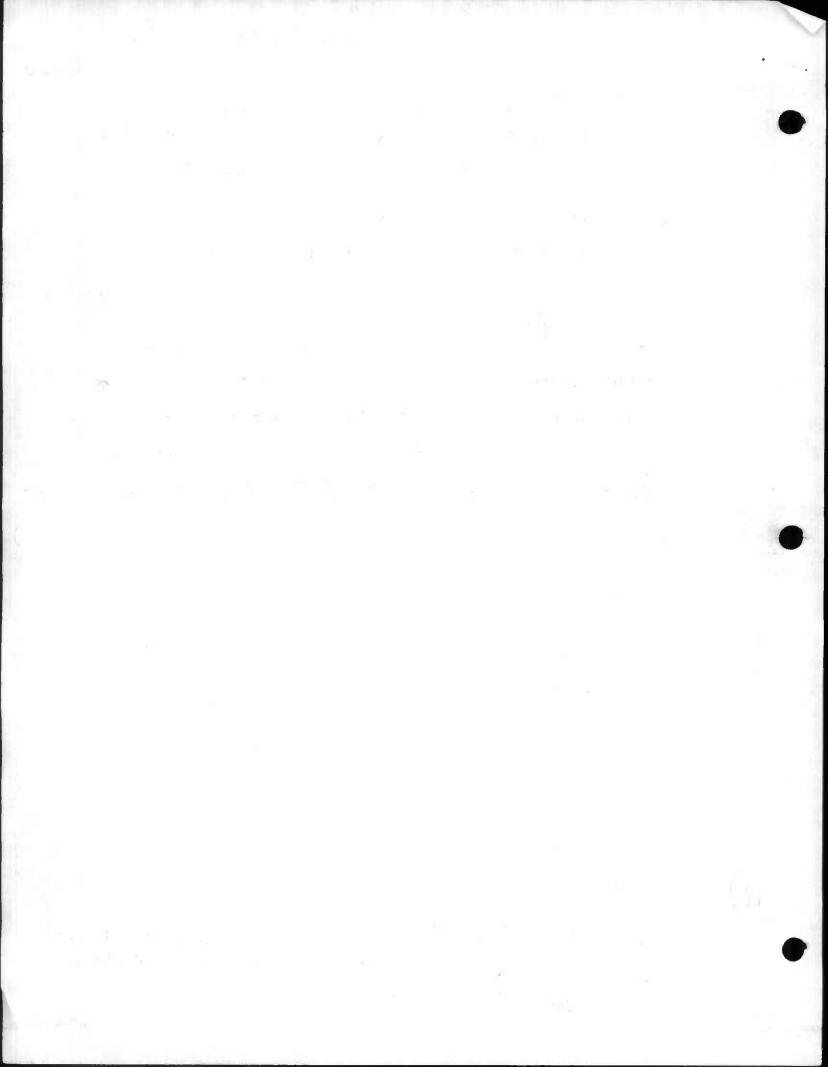
23290

29d. Dete signed (Month, Dev. Year) Feb 22, 1997

30. Name and address of person who completed cause of death (Item 23e) (Type, Print) HARBOR HOSPITAL CENTER THANH NGUYEN

State Registrar

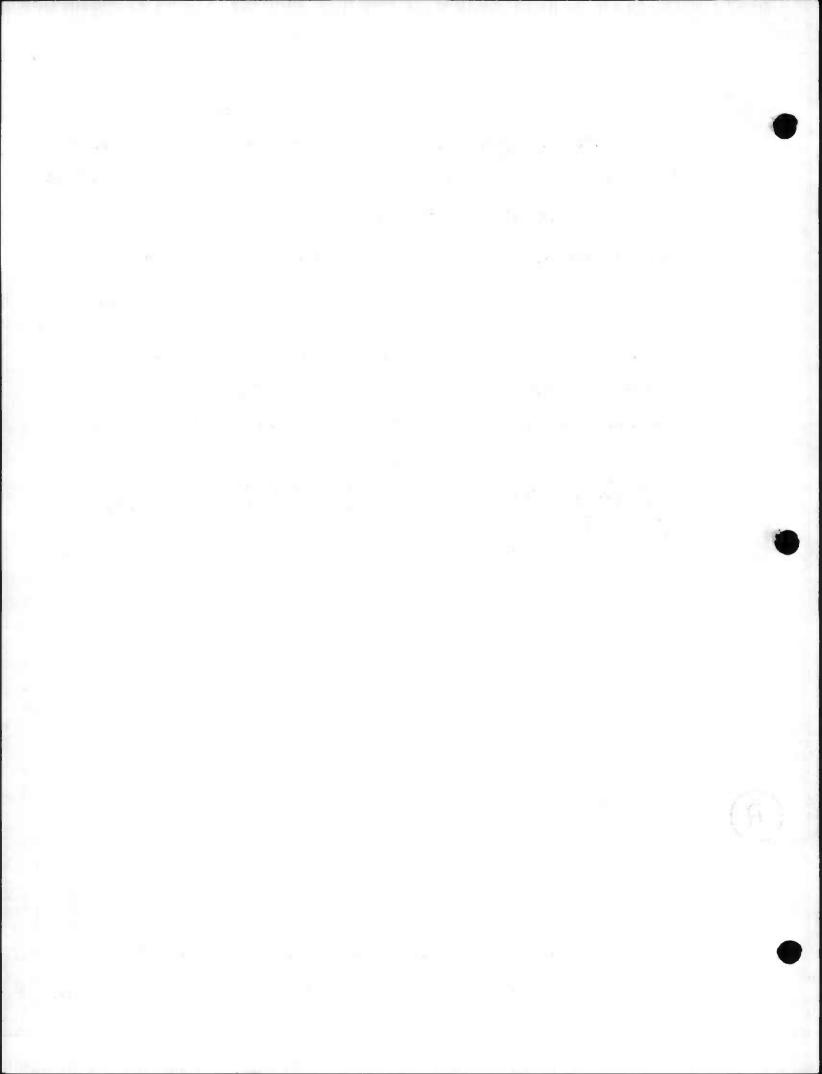
32. Flaistrer's Signature



State of Maryland / Department of Health and Mental Hygiene 97

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							Ce	rtificate	e of	Death			Reg. No).			
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			Genesis Elde	rcare	Severn	a Parl	•			Sever	rna l	Dark		Λr	nne A	\ru:n/	IoF
_	Funeral	г	5. Sociel Security Number	8. Sex		e (In yrs. les		If Under		If Undar	24 Hrs.	8. Date of Bi	rth				tate or Foreig
	Director		169-07-7006 Usuel Residence of Decedent	1 □ M	2 X) F	79	Yrs.	Months	Days	Hours	Min.	(Month, D May 22	ey, Year)	17			vania
	show dat		10a. State 10b. County			10c. City,							10d. Inside			de City Limit	
	desth with the Maryland ms 23s or 28s-f show c.must be notified at	Director	MD Anne	Arun	del	G.	len B	urnie								1 🗆	Yes 2XIN
	0 28 0 0 0	ire	10e. Street and Number					10f. Zip	Code				10g. Ci	tizen of V	Whet Cou	ntry?	
	23a c		905 Palm Tree	Circ	le				2	21060				USA			
	5 E E	Funeral	11. Merital Stetus	12.	Was Decedent	Evar In U,S.	13.	Wes Deced			gin? (Sp	ecify Yas or N Rican, etc.)	0-	14. Rac	e - Ameri		an,
-	72 hours after death with the Maryla netural", or flerns 23a or 25a-f ethor dical Examiner mat be notified at	by	1 ☐ Nevar Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	ied	Armed Forces? I □ Yes 2 [X] I If Yes, Give Yaar or Detes:	No		ir ves, spec			i, Puano	Hican, etc.)		Specify	ck, White, Wh	ite	
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	- 2 5 5		20e. Mathod of Disposition	17.7		20b. Plac	e of Dispo	sition (Nem	ne of	ina!		Dete	20c. L	ocation -	City or T	own, Sta	ite
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P	hysician		/	only one of	adda on quen in	10.									1	Onset	end Deeth
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E	Examiner		Immediate Cause (Finel disease or condition resulting in deeth) Dua to (or es e consequenca of):										1001	01117			
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	by th	Certification:	3 ☐ Suicide 6 ☐ Could r		8a. Place of Inju	ury - At home	a. farm. str	eet, factory	. office			28/. Location	Location (Street and Number or Rurel Routa Number,				Number.
1	485	erti	4 ☐ Homicide daterm		building, afo	(Spacify)						City or To	wn, Stati	n)			
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** Month 106Inesk Hebruar /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death **Examiner** Baltimore North Charles Stree Dattimore 660 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. lest birthday) **Funeral** 9. Birthplece (State or Foreign M 2□ F 36-456 ence of Decedent Yrs Director 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Director 1 Yes 2 No 10g. Citizen of What Country? ò 5.A "natural", or items 23a Funeral Wes Decedent Ever in U,S. Armed Forces? 1 Yes 2 □ No Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Ricen, etc.) Race - American Indian, Bleck, White, etc. filed within 72 hours aftar 1 Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 Yes, Give Year or Dates: 1 ☐ Yes 2 No by 3 Widowed 4 Divorced Be Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion
(Give kind of work done during most of working
life. DO NOT use retired) 16b. Kind of Business/Industry al Hygiene. College (1-4or 5+) 17. Father's Neme (First, Middle, Last) permit. Peges 1 and 2 should be l Depertment of Health and Mental Important: If them 27 is marked or any Injury or other traumatic eve ORGE 2 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 30 72 20b. Place of Disposition (Name of cometery, crematory or other place) Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriai 2 ☐ Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) ature of Faheral Service i 22. Name and Address of Facili ort1. Enter the disease of complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, lock, or heart failure. **Physician** /Medical Immediate Cause (Finel Y-CAYS disease or condition resulting in death) Examiner Physician/Medical Examiner The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting In deeth) Last the buriai-tren Due to (or es e consequence of) Box 68760. Due to (or as e consequence of): USB BS P.O. | Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. be datached 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ director, page 2 should Completed 24b. Were eutopsy findings aveitable prior to completion of cause of death? 24e. Was an autopsy performed? certificata has been 1 ☐ Yes 2 ☐ No or Attending Physician: To Be 25. Was cese referred to medicel exeminer? 26. Piece of Death (Check only one) Yes 37 No

27. Menner of Deeth

1 Neturel

2 Arri Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospice 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this Dete of tnjury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred After t 5 Pending Investigation deeth. 1 Yes To the Hospital or Attendi within 24 hours efter deeth To the Funeral Director: A completely filled in by the fi the 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred et the time, date end piece, and due to the ceuse(s) and manner es stated.

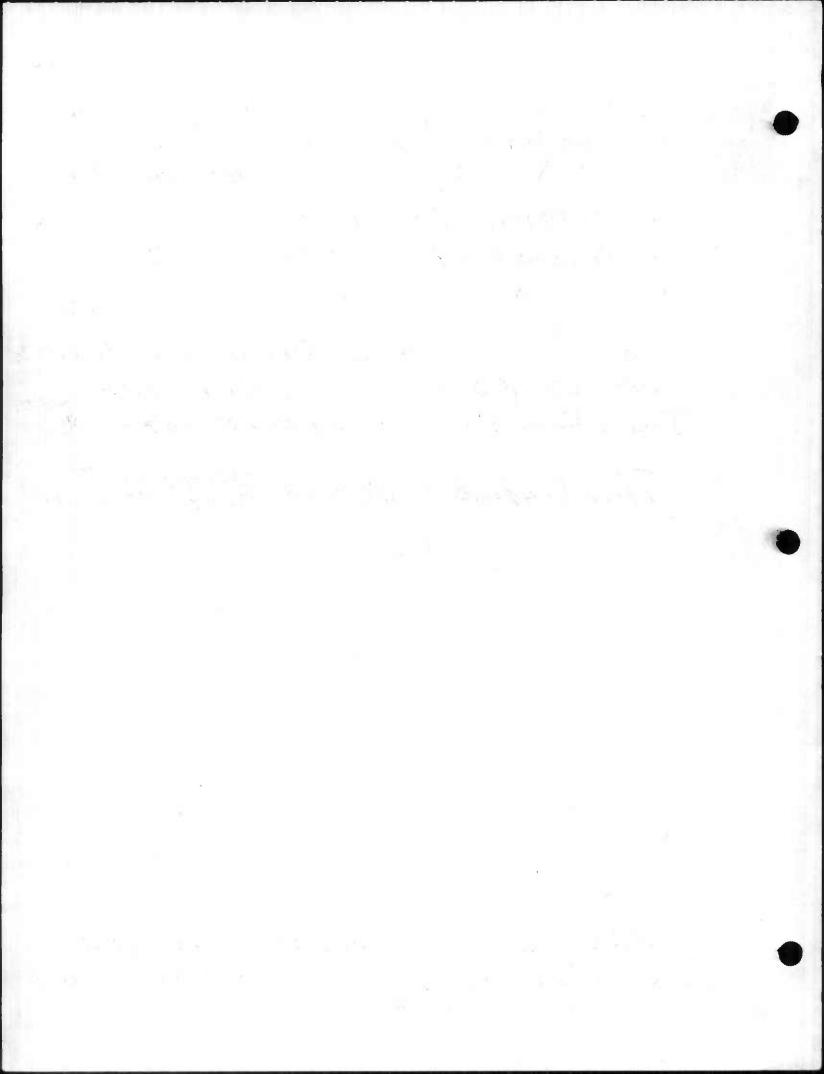
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner steted. Medicai 29a. Certifier (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 1)25205 mo

State Registra

GBMC 3. Registrar's Signatur Gruna Dawydson-Ryndall

d cause of death (ttem 23a) (Type, Print)

N. Charles Street.

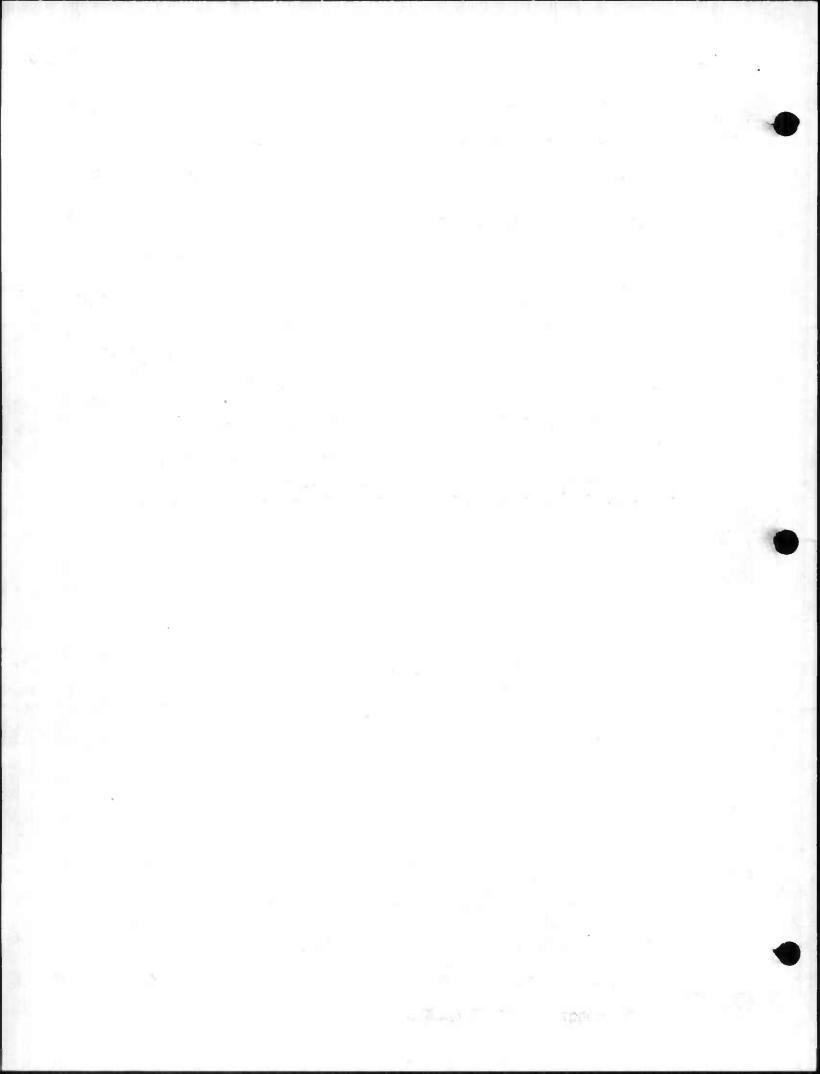


State of Maryland / Department of Health and Mental Hygiene

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	HOPKINS-BAY V 5. Sociel Security Number						IMOI		N/A		
al or	215-01-3826	5. Sex 1□M 2□F	7. Age (In yrs. les	Months Devs			Min	8. Date of Birt (Month, De 7 – 31 – 1			plece (State or Fore
	Usuei Residenca of Decedent		A 89 /-91-19							MAN	LAND
	10e. Stete 10b. County		10c. City,	Town or Lo	cation					1	10d. Inside City Lin
Director	MARYLAND	BALT	O. DI	JNDAL	K	(1□ Yes 2↓
				10f. Zip Code					10g. Citizen of Whet Country?		ntry?
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by	3 ☐ Widowed 4 ☐ Divorced	if Yes, Giv Year or Do	e etes:	1 ☐ Yes 2 ☒ No Specify:					Speci	Specify: WHIT	
Completed	15. Decedent's (Specify only highest	Education		16e. Decedent's Usual Occupation (Give kind of work done during most of work life. DO NOT use retired) HOMEMAKER			et of worki	ina	16b. Kind of E	Business/In	dustry
Jdu	Elementery/Secondery (0-12)	College (1	-40r 5+)				or or mornin	9	0.1111	11014	
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F	19e. Informent's Neme/Relationship	p (Type, Print)		19b. Meilin	g Address (Str					, Stete. Zir	Code)
	19e. Informent's Neme/Relationship (<i>Type, Print</i>) MR. JOHN KLEINSMITH 19b. Melling Address (Street end Number or Rural Route Number, City 3 108 YORKWAY BALTO. MD. 2 122									,	
	20a. Method of Disposition 1 Burlel 2 Cremetion 3			e of Dispos	sition (Neme of	olece)		Dete	20c. Location	- City or To	own, Stete
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BUCE	21) Signature of Funeral Service Lie	pensee		22	Neme end Ad	dress of Fecili	ity	DAL 110	NAC"	11-10	
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Examiner	disease or condition resulting in deeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying	e/	Due to (or e								
Medical	cause. Enter Underlying Cause (Diseese or Injury thet Initieted events resulting in deeth) Last	c	Due to (or es	o (or es e consequenca of):							
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ошо								1 D Y	es 2XNo		deeth?
BeC	25. Wes case referred to medical					26. Place	e of Death	(Check only o		1.	☐Yes 2☐No
To B	axaminer? 1⊠Yes 2□ No	Hospitel: 1 □ Ir	npatient 2 ER	/Outpetient	3□ DOA	Other			lenca 6 Oth	ner (Specifi	y)
	27. Menner of Deeth 1 ☑Neturel 5 ☐ Pending	28e. Dete o	f Injury n, Dey Year) 28	b. Time of Injury	28c. in				ow Injury occur		
cati	2 Accident investiget 3 Suicide 6 Could not	he			M 1	Yes 2					
Certification:	4 Homicide determine	286. Piece	of Injury - At home g, etc. (Specify)	e, ferm, stre	et, fectory, offic	ea.	2	28f. Location (S City or Tow	Street end Numi m, Stete)	ber or Rure	I Route Number,
edical (29e. Certifier 1 Certifying (Check only one) 1 Certifying (Check only one)	Physician: To the taminer: On the barrier end menn	sis of exeminetion	dge, deeth end/or Inve	occurred et the estigetion, in m	time, dete en opinion, dee	d plece, e	nd due to the o	cause(s) and modate end plece,	anner es si and due to	ated. the cause(s)
Me	29b. Signeture and title of certifier		or otation.		29c, Lice	nse number		- 2	29d. Dete signe	d (Month,	Dey, Year)
	29b. Signeture and title of admillion 29d. Dete signed (Month, 1)										
	30. Neme end address of person who completed cause of death (Item 23e) (Type, Print)										
	30. Neme end address of person who completed cause of death (Item 23e) (Type, Print) 2117 Dundalk Ave. Koltimare MN 2/222 - Scott A. Fe							- 3	, her	ser Md	
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DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			<u> </u>	Certific	ate of Death	Re	g. No.	. 000	, 0 0	
	ician dical	1. Decedant's Nama (First, Middla, Las HERB	·	LEMON	SR.	2. Data of Daeth Month	Day 9	Yaar 5 A		
	niner	4a. Facility Nama (If not institution, give 3015 ROSALI	A		4b. City, Town, or BALTIM	Location of Death	4c. County of	f Deeth		
Funer Direct		5. Social Security Number 6. Se 2\2-58-4327 1) Usual Rasidance of Dacadant	7. Aga (In)	rrs. last birthday) If Un Mont	dar 1 Yaar If Undar 24 Hrs	8. Data of Birth	Year) 1,1951	9. Birthplaca (Stata of Country)	or Foreign	
se Maryland	ctor	10a. State 10b. County	10c.	City, Town or Location	more			10d. Insida C	City Limits 2 □ No	
th with the 23a or 2	Funeral Director	3015 Rose	clind A	tue 101.	ZIZI5	10	g. Citizan of WI	hat Country?		
5-0020 72 hours after death with the Maryland natural', or items 23a or 28s-f show Sical Examiner mail be notified at	ò	11. Marital Status 1 Navar Marriad 2 Married 3 Widowed 4 Divorced	12. Was Decedant Evar in Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Dates:	If Yes, s	cedant of Hispanic Origin? (Specify Cuban, Mexican, Puan S 2 No Specify:	pecify Yas or No- o Rican, etc.)		- Amarican Indien, , White etc.	ik	
within than than	Completed	15. Decedant's Edi (Specify only highast grad Elamantary/Secondary (0-12)	cation (a complated) Collaga (1-4or 5+)	0.5	sual Occupation work dona during most of wor Tusa ratired)	rking	6b. Kind of Bus	iness/Industry	Hos	
yland 2 build be filed Mental Hygi arked other	e	17. Fathar's Nama (First, Middla, Last)			18. Mothar's Nar	me (First, Middla, M				
d 2 should be h and Mental 7 Is marked of traumatic eve	5	19a. Informant's Neme/Ralationship (7)		19b. Mailing Addr	ess (Streat and Number or Ru	iral Routa Nymber,				
Pages 1 and ment of Healt and 11 kem 2 ury or other		20a. Mathod of Disposition 1 Mauriel 2 Cramation 3 4 Donation 5 Other (Specify) 21. Sign Auth of Funerel Service Licens	Ramoval from Stata	D. Place of Disposition (Incernatory of American Company)	or other place)	July Pa	ec. Location - co	ity or Town, Stete	15 md	
Demit. Departition	DUCE	Allunia Savica Libraria	B. Ans	mar Hiso	end Address of Fecility The Park (A)	Home	- lus	to mot 3	1213	
Physicia	,	23a. Part1 Entar tha diseasa, or compi shock or haart feilige. List only o	licetions that caused tha da na causa on each lina.	aath. Do not antar the m	11	or raspiratory arras	st,	Approximat Interval Bat Onsat and	tween	
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ntificate be executed ing physician and as the bunal-transit	Medical Examiner	Sequentielly list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disaasa or injury thet initiated evants rasulting in death) Last	Dua to	(or as a consequance of	on: LR DISEAS			6 46	ARS	
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Physician r this certional and direct	O B	25. Was casa referred to medical axaminer? 1 Yes 2 No	lospital: 1 ☐ Inpatiant 2	□ ER/Outpatient 3□	Other	oma 5 Rasidan		(Specify)		
Afte fund	Certification:	27. Mennayof Death 1 Natural 5 Pending 2 Accidant Invastigation 3 Suicida 6 Could not be	28a. Date of Injury (Month, Day Year)	М	28c. Injury et Work?	28d. Describe how				
tal or Attenders attanders attanders led in by the	Certif	4 Homicida datarmined	28e. Placa of Injury - At building, atc. (Spe	homa, farm, streat, fact cify)	ory, office	28f. Location (Stre City or Town,	eat and Number Stata)	or Rural Routa Num	iber,	
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To th To th comp	Me	29b. Signatura and title of certification of the control of the co								
0/	,	30. Name and address of person who completed cause of daath (Item 23e) (Type, Print) J. C. McARWAR JOHN HOPMAN HOSPITAL, 600 N. WOLFE 31. Data filed (Month, Day, Year)								
8		J. C. Mc	Afthur J	em 23e) (Type, Print)	VANZ HOSPITA	n. 600	N. WC	LFEST, 2	1287	
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